

FORM PTO-1618A

Expires 06/30/99  
OMB 0651-0027

05-29-2002



U.S. Department of Commerce  
Patent and Trademark Office

OFFICE OF TRADEMARK

2002 MAY 22 AM 9:08

FINANCE SECTION

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**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

*RE*

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

**Submission Type**

New *5.22.02*

Resubmission (Non-Recordation)  
Document ID#

Correction of PTO Error  
Reel #  Frame #

Corrective Document  
Reel #  Frame #

**Conveyance Type**

Assignment  License

Security Agreement  Nunc Pro Tunc Assignment

Merger

Change of Name

Other

Effective Date  
Month Day Year  
**01/24/2002**

**Conveying Party**

Mark if additional names of conveying parties attached

Name  Execution Date  
Month Day Year **01/24/2002**

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

**Receiving Party**

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country Zip Code

Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

FOR OFFICE USE ONLY

CORRECTED VERSION\*\*

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments.

#

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

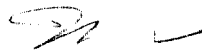
No

**Statement and Signature**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Attorney Mark A. Kassel

Name of Person Signing



Signature

11/17/98

Date Signed

MAD  
2-19-02

03-07-2002  
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**RECORDATION FORM COVER SHEET  
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  - Merger  Change of Name
  - Other
- Effective Date  
Month Day Year  
**01/24/2002**

**Conveying Party**

Mark if additional names of conveying parties attached

Name **Pel-Freez Clinical Systems, LLC**

Formerly

Execution Date  
Month Day Year  
**1 24 02**

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other
- Citizenship/State of Incorporation/Organization **Wisconsin**

**Receiving Party**

Mark if additional names of receiving parties attached

Name **Fremont International, Inc.**

DBA/AKA/TA

Composed of

Address (line 1) **205 N. Arkansas Strret**

Address (line 2)

Address (line 3) **Rogers** **Arkansas** **72756**  
City State/Country Zip Code

- Individual  General Partnership  Limited Partnership  Association
- Corporation  Association
- Other
- Citizenship/State of Incorporation/Organization **Arkansas**

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Attorney Mark A. Kassel  
Name of Person Signing

  
Signature

11/17/97  
Date Signed



Attachment to Assignment of Trademark  
Pel-Freez Clinical Systems, LLC to Fremont International, Inc.

**TRADEMARK**

Serial Number: 76/097,083  
Trademark: PEL-FREEZ CLINICAL SYSTEMS, LLC  
Filing Date: July 26, 2000  
International Class: 1 and 5  
Registration Number: Not available yet  
Registration Date: Not available yet