

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Precision Vascular Systems, Inc.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State _____
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: **Precision Vascular Systems, Inc.**
Internal
Address: _____

Street Address: **2405 West Orton Circle**
City: **West Valley City** State: **UT** Zip: **84119**

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State **Utah**
 Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other **Change of Address** _____

Execution Date: **November 15, 2002**

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)
75/761446; 75/934784

Additional number(s) attached Yes No

B. Trademark Registration No.(s)
2,547,929; 2,523,588; 2,522,891

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **Becky L. Troutman**
Internal Address: **Thelen Reid & Priest LLP**

Street Address: **P.O. Box 190187**

City: **San Francisco** State: **CA** Zip: **94119**

6. Total number of applications and registrations involved: **5**

7. Total fee (37 CFR 3.41)..... \$ **140.00**

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
500918
(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Becky L. Troutman *Becky L. Troutman* **November 18, 2002**
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: **2**

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

THELEN REID & PRIEST LLP

ATTORNEYS AT LAW

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Becky L. Troutman
(415) 369-7367
btroutman@thelenreid.com

November 18, 2002

VIA FACSIMILE: 703-306-5995

Commissioner for Patents and Trademarks
BOX ASSIGNMENTS
Washington, D.C. 20231

Re: Precision Vascular Systems, Inc.
Change of Address

Sir:

A Recordation Form Coversheet showing the change of address for Precision Vascular Systems, Inc. is enclosed for recordation.

The \$140 recordation fee is authorized to be charged to Deposit Account Number 500918.

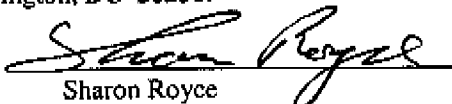
Sincerely,

Becky L. Troutman

Enclosure

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the enclosed recordation form cover sheet, in duplicate, is being transmitted via facsimile, fax number 703-306-5995, on the date indicated above and addressed to: Commissioner for Patents and Trademarks, BOX ASSIGNMENTS, Washington, DC 20231.

11-18-02 
Date Sharon Royce

THELEN REID & PRIEST LLP
ATTORNEYS AT LAW

Fax Cover Page

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In case of a problem with this transmission, call the Fax Operator at (415) 369-7159

101 Second Street
Suite 1800
San Francisco, CA 94105-3606

Phone ☎ (415) 371-1200
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www.thelenreid.com

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ATTORNEY #	CLIENT-MATTER	RETURN TO	ROOM #
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Total Pages Sent: 4
(including this page)

November 18, 2002

Via Fax Only

To

**Commissioner for Patents and Trademarks,
BOX ASSIGNMENTS**

Fax: (703) 306-5995
Phone:

From

Becky L. Troutman

Phone: 415-369-7367
Email: btroutman@thelenreid.com
Direct Fax: 415-369-8731

Message