

FORM PTO-1594  
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M&G 13629.1A/130501

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Patent and Trademark Office

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

1. Name of conveying party(ies):  
  
Medgenesis Inc.  
  
 Individuals  Association  
 General Partnership  Limited Partnership  
 Corporation-State of Minnesota  
 Other: \_\_\_\_\_  
  
Additional name(s) of conveying party(ies) attached?  Yes  No

2. Name and address of receiving party(ies):  
  
Hypoguard America Limited  
7301 Ohms Lane, Ste. 200  
Edina, MN 55439-2331  
  
 Individual(s) citizenship  Association  
 General Partnership  Limited Partnership  
 Corporation-State of  
 Other: United Kingdom company  
  
If assignor is not domiciled in the United States, a domestic representative designation is attached.  
 Yes  No  
(Designations must be separate document from Assignment)  
  
Additional name(s) & address(es) attached?  Yes  No

3. Nature of conveyance:  
 Assignment  Merger  
 Security Agreement  Change of Name  
 Other:  
  
Execution Date: January 27, 2004

Individual(s) citizenship  Association  
 General Partnership  Limited Partnership  
 Corporation-State of  
 Other: United Kingdom company  
  
If assignor is not domiciled in the United States, a domestic representative designation is attached.  
 Yes  No  
(Designations must be separate document from Assignment)  
  
Additional name(s) & address(es) attached?  Yes  No

4. Application number(s) or trademark number(s):  
  
A. Trademark Application No.(s)/ Mark(s)  
  
76/178656 GLUCOBALANCE  
76/178657 ASSURE SPECTRUM  
  
Additional numbers attached?  Yes  No

B. Trademark Reg. No.(s)/Mark(s)  
  
  
  
Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
Name: Sandra Epp Ryan, Esq.  
Address: MERCHANT & GOULD P.C.  
P.O. Box 2910  
Minneapolis, MN 55402-0910

6. Total number of applications and trademarks involved: 2  
  
7. Total fee (37 CFR 3.41): \$65  
 Enclosed  
 Authorized to be charged to deposit account  
  
8. Please charge any additional fees or credit any overpayments to our Deposit account number: 13-2725

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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.

Sandra Epp Ryan  
Name of Person Signing

  
Signature

January 29, 2004  
Date

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

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