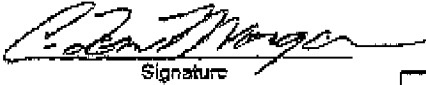


Form PTO-1594 (Rev. 10/02) OMB No. 0351-0027 (exp. 03/30/2006) Tab settings ⇨ ⇨ ⇨		RECORDATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): <u>C. Thomas Morgan</u> <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			2. Name and address of receiving party(ies) Name: <u>Thurmo Medical Sleep Products, Inc.</u> Internal Address: <u>P.O. Box 2222</u> Street Address: _____ City: <u>Sophia</u> State: <u>NC</u> Zip: <u>27350</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>North Carolina</u> <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</small> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>2-18-2004</u>					
4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>76502157</u> B. Trademark Registration No.(s) _____ Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>C. T. Morgan</u> Internal Address: <u>P.O. Box 2222</u> <u>Sophia, NC 27350</u> Street Address: _____ City: _____ State: _____ Zip: _____			6. Total number of applications and registrations involved: <u>1</u> 7. Total fee (37 CFR 3.41)..... <u>\$ 40.00</u> <input type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: _____		
DO NOT USE THIS SPACE					
9. Signature. <u>C. Tom Morgan</u>  <u>3-3-04</u> Name of Person Signing Signature Date					
Total number of pages including cover sheet, assignment, and document: <input type="checkbox"/>					

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

OP \$40.00 76502157

"Thurmo - Pudic USA" Trademark Assignment

I, Colvin Thomas Morgan, do hereby assign all legal and financial rights of the trademarked name "Thurmo - Pudic USA" in any and all variations to Thurmo Medical Sleep Products, Inc., a North Carolina corporation. I do this in exchange for \$1.00 and other considerations as the owner of the trademark.


Colvin Thomas Morgan


Witness