Form PTO-1594	
(Rev. 03/01)	ORM COVER SHEET U.S. DEPARTMENT OF COMMERCE U.S. Petent and Trademark Office
OMB No. 0651-0027 (exp. 5/31/2002) TRADEMA	ARKS ONLY U.S. Petent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks	: Please record the attached original documents or copy thereof.
i. Name of conveying party(les):	Name and address of receiving party(ies):
Osteoimplant Technology, Inc.	Name: SMD Corporation
 	Internal Address:
Individual(s) Association	Street Address: 2725 Fairfield Road
General Partnership Limited Partnership	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
x Corporation-State = Maryland	
Other:	City: Kalamazoo .
	City: Kalamazoo State: Michigan Zip: 49002
Additional name(s) of conveying Yes	Individual(e) citizanehin:
party(les) attached?	Individual(s) citizenship: Association:
3. Nature of Conveyance:	
Assignment Merger	General Partnership:
	Limited Partnership:
	x Corporation-State: Michigan
x Other: Correction of assignment at Reel 002451, Frame 0595 to correct state of	Other:
Incorporation of Osteoimplant	If assignee is not domicified in the United States, a domestic representative designation is attached:
Execution Date: December 10, 2001	(Designations must be asseparate document from
3000Hibar 10, 2001	x No
	Additional name(s) & address(es) sitached? Yes X No
4. Application Number(s) or Registration Number(s):	
A. Trademark Application No.(s):	B. Trademark Registration No.(s):
	2,036,524
Additional numbers attached?	☐Yes x No
5. Name and address of party to whom correspondence	6. Total Number of applications and
concerning document should be mailed:	registrations involved;
Name: LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP	7. Total fee (37 CFR 8.41) \$ 40.00
	Enclosed
ternal Address:	x Authorized to be charged to Deposit Account
treet Address: 600 South Avenue West	
	Authorized to be charged to credit card (Form 2038 enclosed)
<u> </u>	Deposit account number: 12-1095
ty: Westfield State: NJ Zip: 07090	(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.	
1. 7. 6	' H .0
Name of Person Signing	May 27, 2004
_ - -	rgnature Date
Total number of pages including cover sheet, attachments, and document:	

495703_1.DOC

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REEL: 002861 FRAME: 0542





03-01-2002

Form PTO-1594 (Rev. 03/01)	U.S. DEPARTMENT OF COMMERCE
OMB No. 0651-0027 (exp. 5/31/2002)	998346 U.S. Patent and Trademark Office
Tab settings ⇔⇒⇔ ▼ 101	======================================
10 the Honorable Commissioner of Patents and Tradema	rks: Please record the attached original documents or copy thereof.
1. Name of conveying party(ies); Osteoimplant Technology, Inc.	Name and address of receiving party(ies)
	Name: SMD Corporation
2-8-02	Internal
Individual(s) Association	Address: a Michigan corporation
General Partnership Limited Partnership	Street Address: 2725 Fairfield Road
Corporation-State New Jersey Other	City: Kalamazoo State: MI Zip: 49002
Additional name(s) of conveying party(ies) attached? 📮 Yes 🎑	Association
3. Nature of conveyance:	General Partnership
⊠k Aneγes	Limited Partnership
The second secon	Corporation-State Michigan
Ch Other	
Execution Date: December 10, 2001	If assignee is not domicised in the United States, a domestic representative designation is attached: Yes No
	(Designations must be alseparate document from assignment) Additional name(s) & address(es) attached?
4. Application number(s) or registration number(s):	
A. Trademark Application No.(s)	B. Trademark Registration Ro(s)
	[[D]]
Additional number(s)	2,036,524 FEB - 8 2002
5. Name and address of party to whom correspondence	6. Total number of applications and
conceming document should be mailed: Lerner, David, Littenberg, Name: <u>Krumholz & Mentlik</u>	registrations involved:
Internal Address:	7. Total fee (37 CFR 3i41)\$ 40.00
_	□ Enclosed
	Authorized to be above at the first
	Authorized to be charged to deposit account
Street Address: 600 South Avenue West	8. Deposit account number:
	12-1095
City: Westfield State: NJ Zip: 07090	(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 inform copy of the original document. 7. The property of the original document.	
Jeanne P. Vallebuona	Vallyons 1/2/02
None of Danie Of	Inature Date
Mail documents to be recorded with or	bruight government in the state of the state
Commissioner of Patent & Tra Washington, C	
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TRADEMARK ASSIGNMENT

Osteoimplant Technology, Inc., for good and valuable consideration, the receipt and exchange of which is hereby acknowledged, hereby assigns, transfers and conveys all right, title and interest in and to the mark OMEGA and the goodwill associated therewith, including but not limited to U.S. Reg. No. 2,036,524, to SMD Corporation, a Michigan corporation having a principal place of business at 2725 Fairfield Road, Kalamazoo, Michigan 49002.

Osteoimplant Technology, Inc. agrees to execute such documents as is reasonably necessary to fulfill the intention of this Agreement.

Osteoimplant Technology, Inc.

/: ____

Title: Vice Presidenti Technical Affairs

Dated:

340759_1JDQC

RECORDED: 05/27/2004

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