

12/15/03

Attorney Docket No. MDFX.50784

12-17-2003



102625034

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

Form PTO-1594
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)
Tab settings

RECO
TR

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

<p>1. Name of conveying party(ies):</p> <p>MEDI-FLEX HOSPITAL PRODUCTS, INC.</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State Missouri <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: THE "K" CORPORATION Internal Address: _____</p> <p>Street Address: 12310 Granada Lane City: Leawood State: KS Zip: 66209</p> <p><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 Kansas <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: 04/17/2003</p>	<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s) _____ _____</p> <p>B. Trademark Registration No.(s) 2,162,340</p> <p>Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Jean M. Dickman Internal Address: SHOOK, HARDY & BACON LLP _____</p> <p>Street Address: 2555 Grand Boulevard _____</p> <p>City: Kansas City State: MO Zip: 64108</p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 3.41).....\$ 40.00</p> <p><input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: 19-2112</p>
DO NOT USE THIS SPACE	
<p>9. Signature.</p> <p>Jean M. Dickman, Reg. No. 48,538 Name of Person Signing</p> <p><i>Jean M. Dickman</i> Signature</p> <p>12/11/03 Date</p> <p>Total number of pages including cover sheet, attachments, and document: 2</p>	

OFFICE OF THE COMMISSIONER
FINANCIAL SECTION
2003 DEC 15 PM 2:57

12/17/2003 LMUELLER 00000023 2162340
01 FC:8021 40.00 DP

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

TRADEMARK
REEL: 002880 FRAME: 0512

TRADEMARK ASSIGNMENT

WHEREAS, MEDI-FLEX HOSPITAL PRODUCTS, INC., a Kansas corporation, having its principal place of business at 8717 W. 110th Street, Suite 750, Overland Park, Kansas 66210 ("Assignor") has adopted and used the mark "K KLOSURE," which is the subject of United States Registration No. 2,162,340 in the United States Patent and Trademark Office (the "Mark"), together with the goodwill symbolized thereby; and

WHEREAS, THE "K" CORPORATION, a Kansas corporation, having its principal place of business at 12310 SHAWARD LANE OVERLAND PARK, KS ("Assignee") is desirous of acquiring the Mark and any registrations issued in connection therewith and the goodwill symbolized thereby;

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, the Assignor does hereby convey, assign, transfer and set over unto the Assignee all of the Assignor's right, title and interest in and to the Mark, together with the goodwill of the business symbolized thereby, together with all applications and/or registrations thereof, together with a right to sue for and collect on all claims for damages by reason of past, present or future infringement of said Mark.

MEDI-FLEX HOSPITAL PRODUCTS, INC.

By: [Signature]
Name: JAMES R MASERIE
Title: VP CFO
Date: 4/17/03

STATE OF KANSAS)
) ss
COUNTY OF JOHNSON)

On this 17 day of April, 2003, before me appeared James Maserie to me personally known, who, being by me duly sworn did say that he is the Vice President + CFO of Medi-Flex Hospital Products, Inc., and that said instrument was signed on behalf of said corporation by authority of its Board of Directors, and said VP + CFO acknowledged said instrument to be the free act and deed of said corporation.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal the day and year first above written.

Kelli Pittala
Notary Public

My Commission Expires: 10/22/06 [SEAL]

KELLI PITTALA
Notary Public - State of Kansas
My Appt. Expires 10/22/06