Form PTO-1594 (Rev. 06/04) OMB Collection 0651-0027 (exp. 6/30/2005)	U.S. DEPARTMENT OF COMMER United States Patent and Trademark Of
1	ORM COVER SHEET
TRADEMARKS ONLY  To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
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1. Name of conveying party(ies)/Execution Date(s):  Ethos Medical Products Limited	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached?
	Name: KCI Licensing, Inc.
Individual(s) Association	Internal Address:
General Partnership Limited Partnership	Street Address; P.O. Box 659508
Croporation-State	City: San Antonio
Sther Foreign Corporation	State: Texas
Citizenship (see guidelines) Ireland	Country: U.S.A. Zip: 78265-9508
Execution Date(s) 13 July 2004	Association Citizenship
Additional names of conveying parties attached? Yes x N	o General Partnership Citizenship
3. Nature of conveyance:	Limited Partnership Citizenship
	X Corporation Citizenship Delaware, USA
Security Agreement Change of Name	Other Citizenship If assignee is not domiciled in the United States, a domestic
Other	representative designation is attached: Yes No (Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and identification or description of the Trademark.	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
	2,310,208
C. Identification or Description of Trademark(s) (and Filing	Additional sheet(s) attached? Yes X No  Date if Application or Registration Number is unknown):
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	· ·
5. Name & address of party to whom correspondence concerning document should be mailed: Name: William H. Quirk	6. Total number of applications and registrations involved:
Internal Address: Legal Department	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00
	Authorized to be charged by credit card
Street Address: P.O.Box 659508	Authorized to be charged to deposit account  Enclosed
City: San Antonio	8. Payment Information:
State: Texas Zip: 78265-9508	a. Credit Card Last 4 Numbers
Phone Number: 210 255 4545	Expiration Date
Fax Number: 210 255 6969	b. Deposit Account Number 500326
Email Address:quirkw@kcil.com	Authorized User Name William H. Quirk
). Signature:	7-14-04
Signature William H. Quirk, Reg. No.: 33,996	Date
Name of Person Signing	Total number of pages including coversheet, attachments, and document: 5
rading of Heison Signing	

Documents to be recorded (including cover sheet) should be faxed to (703) 308-5995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

## TRADEMARK ASSIGNMENT From Ethos Medical Products Limited to KCI Licensing, Inc.

WHEREAS, Ethos Medical Products Limited (Assignor"), a corporation organized and existing pursuant to the laws of Ireland and having a principal place of business at Monksland Industrial Estate Athlone Co. Westmeath, Ireland, and is the record owner of U.S. Trademark Registration No. 2,310,208 for the mark ROTOPRONE issued on January 25, 2000 (hereinafter "Trademark"); and

WHEREAS KCI Licensing, Inc. ("Assignee") a corporation organized under the laws of the State of Delaware, whose mailing address is P.O. Box 659508, San Antonio, Texas 78265-9508, is desirous of acquiring and affirming it has acquired said Trademark, together with the goodwill of the business identified by said Trademark and any and all registrations and applications for registration of said Trademark;

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and agreed, Assignor hereby sells, transfers, conveys and assigns, and acknowledges that it has sold, transferred, conveyed, and assigned, unto said Assignee, the entire right, title, and interest in and to the following: (i) said Trademark, (ii) all registrations and applications for registration of said Trademark, (iii) the goodwill of the business in connection with which said Trademark is used and which is symbolized by said Trademark; and (iv) all rights to recover for past infringement of said Trademark;

AND, Assignor further covenants and agrees that it will communicate to Assignee, its successors, legal representatives and assigns, any facts known to it respecting the Trademark, sign and cause others under its control to sign all lawful papers, and generally do everything reasonable to aid Assignee, its successors, legal representatives and assigns, to secure and enforce full protection of all right, title and interest in and to the Trademark in all rightful countries.

IN TESTIMONY WHEREOF, Assignor hereunto sets its hand and seal this 13th day of July, 2004.

ASSIGNOR: ETHOS MEDICAL PRODUCTS

Name: Dennis E. Noll

Title: Director

ASSIGNEE: KCILICENSII

Name: William H. Quirk

Title: Vice President

TRADEMARK REEL: 002893 FRAME: 0611 STATE OF TEXAS §
COUNTY OF BEXAR §

Before me, the undersigned authority, on this day personally appeared Dennis E. Noll, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed, and as the act and deed of said Assignor.

Given under my hand and seal of office on this 13th day of July 2004.



Notary Public in and for the

State of Texas

My Commissioner Expires: 5-11-05

STATE OF TEXAS

COUNTY OF BEXAR

Before me, the undersigned authority, on this day personally appeared William H. Quirk, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed, and as the act and deed of said Assignee.

Given under my hand and seal of office on this 13 day of July 2004.

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Notary Public in and for the

State of Texas

My Commissioner Expires: 9 - 25 - 37

