

TRADEMARK ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Applied Biotech, Inc.		07/17/2006	CORPORATION: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Inverness Medical Switzerland GmbH		
Street Address:	Bundesplatz 1		
City:	Zug		
State/Country:	SWITZERLAND		
Postal Code:	CH-6300		
Entity Type:	LIMITED LIABILITY COMPANY: SWITZERLAND		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2842192	SURESTEP	
CORRESPONDENCE DATA			
Fax Number:	(781)647-3939		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	7813144062		
Email:	Jean.Maxwell@invmed.com		
Correspondent Name:	Inverness Medical Innovations, Inc.		
Address Line 1:	51 Sawyer Road, Suite 200		
Address Line 2:	Attn: Ms. Jean M. Maxwell, TM Paralegal		
Address Line 4:	Waltham, MASSACHUSETTS 02453		
ATTORNEY DOCKET NUMBER:	SURESTEP TO IMS 2842192		
DOMESTIC REPRESENTATIVE			
Name:			
Address Line 1:			
Address Line 2:			

CH \$40.00 2842192

900053576

TRADEMARK
REEL: 003351 FRAME: 0060

Address Line 3:

Address Line 4:

NAME OF SUBMITTER:

Jean M. Maxwell

Signature:

/jeanmmaxwell/

Date:

07/19/2006

Total Attachments: 4

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ASSIGNMENT OF TRADEMARK (U.S.)

WHEREAS, **Applied Biotech, Inc.**, a corporation organized and existing under the laws of the State of **California**, having a place of business at **10237 Flanders Court, San Diego, California 92121, USA** (the "Assignor"), has adopted and used and is using the trademark (the "Mark") identified on Exhibit A hereto, and is the owner of the registration of for such Mark in the United States Patent and Trademark Office identified on said Exhibit A; and WHEREAS, **Inverness Medical Switzerland GmbH**, a corporation organized and existing under the laws of the country of **Switzerland**, having a place of business at **Bundesplatz 1, CH-6300 Zug, Switzerland** (the "Assignee"), is desirous of acquiring said Mark and the registration therefore;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, said Assignor does hereby assign, sell and transfer unto said Assignee all right, title and interest in and to the said Mark, together with (a) the registration of for said Mark, (b) the goodwill of the business symbolized by and associated with said Mark and the registration thereof, and (c) the right to sue and recover for, and the right to profits or damages due or accrued arising out of or in connection with, any and all past, present or future infringements or dilution of or damage or injury to said Mark or the registration thereof or such associated goodwill.

IN WITNESS WHEREOF, the Assignor, by its duly authorized officer, has executed this assignment, as an instrument under seal, on this 17th day of July, 2006.

APPLIED BIOTECH, INC.

By: 

Name: **Jay McNamara**

Title: **Assistant Secretary**

IN WITNESS WHEREOF, the Assignee, by its duly authorized officer, has executed this assignment, as an instrument under seal, on this 17th day of July, 2006.

INVERNESS MEDICAL SWITZERLAND GMBH

By: 

Name: **Paul T. Hempel**

Title: **Managing Director**

The foregoing assignment of said Mark and the registration thereof therefore by the Assignor to the Assignee is hereby accepted as of the 17th day of July, 2006.

Exhibit A

Trademark	Registration-- United States Patent and Trademark Office	
	<u>Registration No.</u>	<u>Registration Date</u>
SURESTEP	2842192	May 18, 2004

MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts

County of Middlesex

} ss.

On this the 17 day of July, 2006, before me,JEAN M. MAXWELL

Name of Notary Public

personally appeared JAM McMANARA

Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

Personal Knowledge

Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(s).

☐ as partner(s) for _____

Name of Partnership

_____, a partnership.

☒ as Assistant Secretary for _____

Title of Office

Applied Biotech Inc., a corporation.

Name of Corporation

☐ as attorney in fact for _____

Name of Principal Signer

_____, the principal.

☐ as _____ for _____

Type of Capacity

_____, a/the _____

Name of Person/Entity

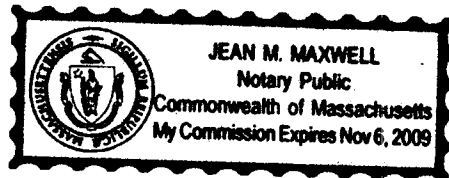
Type of Entity

Jean M. Maxwell

Signature of Notary Public

JEAN M. MAXWELL

Printed Name of Notary



Place Notary Seal and/or Any Stamp Above

My Commission Expires Nov. 6, 2009**OPTIONAL**

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached DocumentTitle or Type of Document: Successor - TM Assign.Document Date: 7/17/06 Number of Pages: 2Signer(s) Other Than Named Above: PTA - 1 ms**Right Thumbprint of Signer**

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MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts

County of MIDDLESEX

} ss.

On this the 17 day of JULY, 2006, before me,JEAN M. MAXWELL
Name of Notary Publicpersonally appeared PAUL T. HEMPEL
Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

PERSONAL KNOWLEDGE
Description of Evidence of Identity

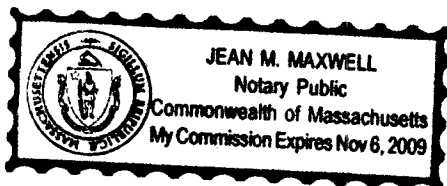
to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(s).

☐ as partner(s) for _____
Name of Partnership

_____, a partnership.

☒ as MANAGING DIRECTOR for
Title of OfficeINVERDES MEDICAL SWITZERLAND GmbH
Name of Corporation, a corporation.☐ as attorney in fact for _____
Name of Principal Signer

_____, the principal.

☐ as _____ for _____
Type of Capacity_____, a/the _____
Name of Person/Entity Type of EntityJEAN M. MAXWELL
Signature of Notary PublicJEAN M. MAXWELL
Printed Name of NotaryMy Commission Expires Nov. 6, 2009

Place Notary Seal and/or Any Stamp Above

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached DocumentTitle or Type of Document: Surastip - TM AssignDocument Date: 7/17/06 Number of Pages: 2Signer(s) Other Than Named Above: J. M. NANA - AB**Right Thumbprint of Signer**

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