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04-11-2008

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



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To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

M&I MARSHALL & ILSLEY BANK S/B/M
TO GOLD BANK

- Individual(s)
- General Partnership
- Corporation- State: WISCONSIN
- Other _____
- Association
- Limited Partnership

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) 2/25/2008

- Assignment
- Security Agreement
- Other RELEASE
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: MEDI-FLEX HOSPITAL PRODUCTS INC

Internal Address: 11400 TOMAHAWK CREEK PARKWAY

Street Address: " "

City: LEAWOOD

State: KS

Country: U. S. Zip: 66211

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other _____

If assignee is not domiciled in the United States, a domestic 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)

SEE ATTACHED SCHEDULE

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: CHRIS STANKE

Internal Address: M&I MARSHALL & ILSLEY BANK

Street Address: 401 N. EXECUTIVE DRIVE

City: BROOKFIELD

State: WI Zip: 53005

Phone Number: 262-938-8925

Fax Number: 262-938-8724

Email Address: CHRIS.STANKE@MICORP.COM

6. Total number of applications and registrations involved:

7

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 190.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account No. 0610672006131001 00000027 2193535

Authorized Signature: _____
Date: 4/3/08

9. Signature:

Signature

CHRIS STANKE

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 5

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Schedule B

TRADEMARKS

<u>Company</u>	<u>Mark</u>	<u>Country</u>	<u>Application (A) Registration (R) or Series (S) No.</u>	<u>Registration or Filing Date</u>
Medi-Flex Hospital Products, Inc.	"FREPPS"	USA	2193535	10/6/98
Medi-Flex Hospital Products, Inc..	"MEDI-FLEX"	USA	1741113	12/22/92
Medi-Flex Hospital Products, Inc.	"CHLORAPREP"	USA	1930248	10/24/95
Medi-Flex Hospital Products, Inc.	"SEPPS"	USA	1736021	12/1/92
Medi-Flex Hospital Products, Inc.	"SEPP"	USA	1075364	10/18/77
Medi-Flex Hospital Products, Inc.	"FREPP/SEPP"	USA	1074401	10/4/77
Medi-Flex Hospital Products, Inc.	"FREPP"	USA	1090146	5/2/78

Schedule A

PATENTS

<u>Company</u>	<u>Patent</u>	<u>Country</u>	<u>Registration No.</u>	<u>Date</u>
N/A	N/A	N/A	N/A	N/A

Schedule B

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<u>Company</u>	<u>Mark</u>	<u>Country</u>	<u>Application (A) Registration (R) or Series (S) No.</u>	<u>Registration or Filing Date</u>
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Medi-Flex Hospital Products, Inc.	"CHLORAPREP"	USA	1930248	10/24/95
Medi-Flex Hospital Products, Inc.	"SEPPS"	USA	1736021	12/1/92
Medi-Flex Hospital Products, Inc.	"SEPP"	USA	1075364	10/18/77
Medi-Flex Hospital Products, Inc.	"FREPP/SEPP"	USA	1074401	10/4/77
Medi-Flex Hospital Products, Inc.	"FREPP"	USA	1090146	5/2/78