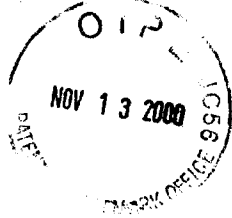


MRP 11/13/00

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FORM PTO-1618A
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OMB 0651-0027



U.S. Department of Commerce
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TRADEMARK

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Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
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Conveying Party

Mark if additional names of conveying parties attached
Execution Date
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Name H.S. Hospital Service s.r.l.

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization ITALY

Receiving Party

Mark if additional names of receiving parties attached

Name H.S. Hospital Service S.p.A.

DBA/AKA/TA _____

Composed of _____

Address (line 1) Via Naro, 81

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- Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
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Deposit Account

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John S. Egbert-Attorney for Applicant

Name of Person Signing

Signature

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