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Form PTO-1594 (Rev. 07/05)  
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To the Director of the U. S. Patent and T

Documents and attachments or the new address(es) below.

<b>1. Name of conveying party(ies):</b> iScience Surgical Corporation  <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: <u>Delaware</u> <input type="checkbox"/> Other _____ Citizenship (see guidelines) _____ Additional names of conveying parties attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>2. Name and address of receiving party(ies)</b> <input type="checkbox"/> Yes Additional names, addresses, or citizenship attached? <input checked="" type="checkbox"/> No Name: <u>iScience Interventional Corporation</u> Internal Address: <u>4055 Campbell Avenue</u> Street Address: <u>4055 Campbell Avenue</u> City: <u>Menlo Park</u> State: <u>CA</u> Country: <u>USA</u> Zip: <u>94025</u> <input type="checkbox"/> Association      Citizenship _____ <input type="checkbox"/> General Partnership      Citizenship _____ <input type="checkbox"/> Limited Partnership      Citizenship _____ <input checked="" type="checkbox"/> Corporation      Citizenship <u>Delaware</u> <input type="checkbox"/> Other _____      Citizenship _____ If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)	
<b>3. Nature of conveyance /Execution Date(s):</b> Execution Date(s) _____ <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____		<b>4. Application number(s) or registration number(s) and identification or description of the Trademark.</b> A. Trademark Application No.(s) <u>76/578,075</u> B. Trademark Registration No.(s) _____ Additional sheet(s) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): _____	
<b>5. Name &amp; address of party to whom correspondence concerning document should be mailed:</b> Name: <u>Reginald J. Suyat</u> Internal Address: _____ Street Address: <u>500 12th Street, Ste. 200</u> City: <u>Oakland</u> State: <u>CA</u> Zip: <u>94612-0250</u> Phone Number: <u>(510) 663-1100</u> Fax Number: <u>(510) 663-0920</u> Email Address: <u>rsuyat@beyerlaw.com</u>		<b>6. Total number of applications and registrations involved:</b> <u>1</u>  <b>7. Total fee (37 CFR 2.6(b)(6) &amp; 3.41)</b> \$ _____ <input type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Enclosed	
<b>9. Signature:</b> <u>Reginald J. Suyat</u> Signature Name of Person Signing		<b>8. Payment Information:</b> a. Credit Card      Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number _____ Authorized User Name _____ Date: <u>03/23/2007</u> U.S. Patent & TMO/TM Mail Rpt Ct. #11 Total number of pages including cover sheet, attachments, and document: <u>21</u>	

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

# STATEMENT OF USE TRANSMITTAL LETTER

Attorney Docket No.: ISSCT002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Trademarks, P.O. Box 1451, Alexandria, VA 22313-1451 on February 8, 2007.

  
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Valerie Olsen

Commissioner for Trademarks  
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Madam:

Transmitted herewith for filing is a Statement of Use for:

APPLICANT'S NAME: iScience Interventional Corporation (as changed)  
MARK: ISCIENCE SURGICAL  
INT'L CLASS: 10  
SERIAL NO. 76/578,075  
FILED: February 27, 2004

Enclosed are:

- A Statement of Use.
- One Specimen per class.
- Recordation Form Cover Sheet and Change of Name..
- A check in the amount of \$140.00 to cover the Statement of Use filing fees for one class and recordation fee for Change of Name.
- A Request to Divide Application under 37 CFR §2.87.
- A return-receipt postcard.
- The Commissioner hereby authorized to charge any additional fees or credit any overpayment to Deposit Account 50-0388 (Account No. ISSCT002).

Respectfully submitted,

  
Reginald J. Suyat, Attorney for Applicant

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Oakland, CA 94612-0250



Revised 10/00, Stmt of Use Trans

02-16-2007

U.S. Patent & TMO/TM Natl Rept Dt. #11

RECORDED: 02/16/2007

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