

Form PTO-1594 (Rev. 07/05)
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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):

ARTA PLAST AB

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

Citizenship (see guidelines) Sweden

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 06/27/2007

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

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Haemedic AB

Internal

Address:

Street Address: Antennvägen 1A

City: Tyresö

State:

Country: Sweden Zip: 13548

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

Citizenship _____
Citizenship _____
Citizenship _____
Citizenship Sweden
Citizenship _____
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)

2 770 546

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: Klaus J. Bach

Internal Address:

Street Address: 4407 Twin Oaks Dr.

City: Murrysville

State: PA Zip: 15668

Phone Number: 724 327 0664

Fax Number: 724 327 0004

Email Address: bachpat@AOL.com

6. Total number of applications and registrations involved:

1

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

- 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 Number 500465

Authorized User Name _____

9. Signature: K. Bach

Signature

7-5-07

Date

K. Bach

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 1

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

ASSIGNMENT

NJ 116 - TM

This Assignment concerns the US Trademark: Registration Number 2,770,546
Reg. date: 2003-10-07

Title: HAEMOLANCE

OWNER: ARTA PLAST AB
Antennvägen 1a
135 48 Tyresö
Sweden

ASSIGNEE: Haemedic AB
Antennvägen 1A
135 48 Tyresö
Sweden

ARTA PLAST AB, being presently the OWNER of the entire right, title and interest in the above-identified US Trademark hereby transfers onto ASSIGNEE the entire right, title and interest in the above-identified US Trademark as fully and entirely as the same would have been held by the Owner had this assignment not been made.

Signed this day of 2007-06-22

By  _____
Authorized officer ARTA PLAST AB

Helge Steg (Managing director)
(Name, Title)