

BRA m's

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

Form PTO-1594
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)

Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

B. BRAUN Medizintechnologie GmbH

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

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

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

Execution Date: January 4, 2008

2. Name and address of receiving party(ies)

Name: B. BRAUN AVITUM AG

Internal Address:

Street Address: Carl-Braun-Strasse 1

City: Melsungen Country: Germany Zip: D-34212

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State

Other Joint Stock Co.

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)
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)
77/194,577 (Pending Application)

B. Trademark Registration No.(s)

<u>2,514,044</u>	<u>3,150,732</u>	<u>2,903,093</u>
<u>3,097,064</u>	<u>1,633,907</u>	<u>1,563,210</u>
<u>2,837,662</u>	<u>2,770,762</u>	<u>2,459,595</u>

Additional number(s) attached Yes No

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

Name: Horst M. Kasper

Internal Address:

Street Address: 13 Forest Drive

City: Warren State: N.J Zip: 07059

6. Total number of applications and registrations involved: 00

7. Total fee (37 CFR 3.41)

- Enclosed
- Authorized to be charged to deposit account

Already paid on 3-28-08
See enclosed PTO Form 1594

8. Deposit account number:

11-0224

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Horst M. Kasper

Name of Person Signing

Horst M Kasper

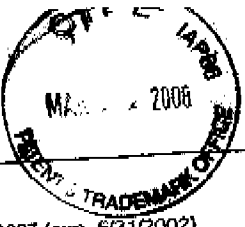
Signature

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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings



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

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1. Name of conveying party(ies): 3-24-08 B. BRAUN Medizintechnologie GmbH
Individual(s) Association General Partnership Limited Partnership
[X] Corporation-State (Germany) Other
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: B. BRAUN AVITUM AG
Internal Address:
Street Address: Carl-Braun-Strasse 1
City: Melsungen Country: Germany Zip: D-34212
Individual(s) citizenship Association General Partnership Limited Partnership Corporation-State Other Joint Stock Co.
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)
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Name: Horst M. Kasper
Internal Address:
Street Address: 13 Forest Drive
City: Warren State: N.J Zip: 07059

6. Total number of applications and registrations involved: 12
7. Total fee (37 CFR 3.41): \$260.00
Enclosed Form 2038
Authorized to be charged to deposit account
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