

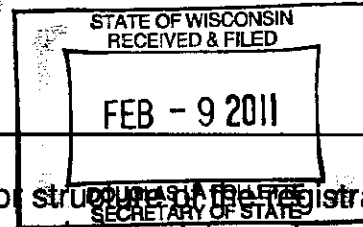
20115101364

# OFFICE OF THE SECRETARY OF STATE OF WISCONSIN APPLICATION FOR REGISTRATION OF MARKS

per chapter 132, Wisconsin Statutes

**Filing Fee is \$15.00; make checks payable to Secretary of State**

Registration is effective for 10 years



1. State Full Exact Name of Registrant (Party Registering Mark)

Starsurgical, Inc. OK

2. If registrant is **not an individual person**, state the nature of structure of the registrant - for example, corporation, bank, limited liability company, association, club, partnership, etc.

corporation (incorporated in Wisconsin)

NOTE: If registrant is required to be licensed or registered with any government office, attach copies of the most recent registration documents. Copies are not necessary if the registrant's documents are on file with the Corporations Division of the Wisconsin Department of Financial Institutions. For-profit foreign corporations must be licensed to do business in Wisconsin before this registration can be granted.

3. Describe the **type of business and/or goods** for which this registration will be used:

medical implant for temporary abdominal closure

4. State **registrant's residence, location, or place of business**. An actual physical site is required, not a post office box.

7781 Lakeview Drive, Burlington, Wisconsin 53105

5. State **registrant's mailing address and telephone**:

7781 Lakeview Drive, Burlington, Wisconsin 53105

PHONE: ( 262 ) 539-3564

NOTE: The certificate of registration will be mailed to the above address, unless another is listed here:

Robert L. Titley, Quarles & Brady

411 East Wisconsin Avenue, Milwaukee, Wisconsin 53202

6. **Complete "A" or B**". A separate application and fee are required for each mark.

A. If the mark you wish to register consists of **words only**, print the word(s) here:

WITTMANN PATCH

B. If the mark you wish to register consists of **words, symbols, pictures, or a combination with a distinctive appearance**, describe the mark clearly with a **written description**, (what does your mark look like?), and enclose **two samples of the mark**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The **date** on which you first use the mark is extremely important. Indicate month and year.

**Date of First Use:** April 25, 2000

8. This is \_\_\_\_\_ an **original** application or  x  a **renewal** application.

9. If an attorney or agent is completing this application, please provide the following:

**Name (Please Print)** Robert L. Tittley

**Business Address** Quarles & Brady LLP

411 East Wisconsin Avenue, Milwaukee, WI 53202

**Telephone** ( 414 ) 277-5615

10. I, Being Duly Sworn, state that: I am the registrant or a duly authorized representative of the registrant; the facts set forth in this application are true; the registrant has the right to the use of the subject of the registration applied for, and that no other person or persons, firm, partnership, corporation, association or union of workers has such right either in the identical form or in any such near resemblance thereto as may be calculated to deceive; that any accompanying originals, copies, photographs, cuts, counterparts, facsimiles, or drawings filed herewith are correct; that the registrant is not required to be licensed or registered by any government office, or if the registrant is required to be licensed or registered, true and correct copies of the most recent license or registration documents are attached; or that the registrant is a resident of the United States.

**Registrant or Agent must sign below in the presence of a notary public.**

**Signature of Registrant or Agent:** Michael Deutsch

**Print Name as Signed Above:** Michael Deutsch

**Title of Party who signed above:** President

**State of** Wisconsin

**County of** Racine

**SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE:** 1-20-2011

**Notary Signature:** Cynthia R. Brunson

**My Commission Expires on:** 1-26-2014

**Notary must Affix Notarial Seal/Stamp**



**Office Location**

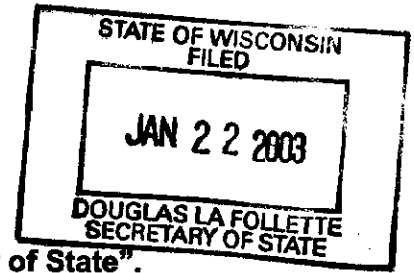
30 W. Mifflin St., 10th floor  
Madison, WI 53703

**Mailing Address**

Secretary of State  
Trademark Records  
PO Box 7848  
Madison, WI 53707-7848

**Telephone: (608) 266-5653**

20035301529



**ASSIGNMENT OF MARKS FORM**  
(pursuant to s. 132.01(9), Wis. Stats.)

**FILING FEE: \$15.00** Make check payable to "Secretary of State".

1. **ASSIGNOR** (present registrant): Michael Deutsch
2. **ADDRESS OF ASSIGNOR:** 7781 Lakeview Drive, Burlington, WI 53105

3. **ASSIGNEE** (party acquiring registration) **STATE FULL EXACT NAME:**  
Starsurgical, Inc.

4. **IDENTIFY ASSIGNEE** (for example, sole proprietor, corporation, unincorporated business, bank, limited liability company, partnership, association, etc.):  
Corporation (incorporated in Wisconsin)

**NOTE:** If assignee is required to be licensed or registered with any government office, **attach copies** of the most recent registration documents. Copies are not necessary if the assignee's documents are on file in the Corporations Section of the Department of Financial Institutions of Wisconsin. For-profit **foreign corporations** must be licensed to do business in Wisconsin before this assignment can be recorded.

5. **ADDRESS OF ASSIGNEE:** 7781 Lakeview Drive, Burlington, WI 53105  
telephone: 262.539.3564

**NOTE:** The certificate of assignment will be mailed to the above address, unless another is specified here:

6. **IDENTIFY MARK TO BE ASSIGNED:**  
Wittmann Patch

7. **REGISTRATION FILING NUMBER AND/OR DATE OF ORIGINAL FILING:**  
4-25-01

**8. ASSIGNOR MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC:**

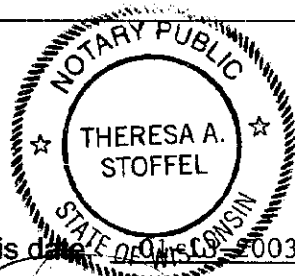
I, the undersigned, **being duly sworn**, state that: the assignor (present registrant) has adopted and used in the assignor's business the mark identified in paragraph 6 above and has registered the same in the Office of the Secretary of State of Wisconsin; the assignor has sold, assigned and transferred to the assignee named in paragraph 3 above, the business to which such registration pertains; the assignor hereby assigns to said assignee all right, title and interest in and to said registration; that I am the assignor as identified in paragraph 1 above, or am duly authorized by such assignor to execute this assignment on behalf of the assignor.

ASSIGNOR sign here: *Michael Deutsch*

Print name and title: Michael Deutsch

State of: Wisconsin

County of: Racine



Subscribed and sworn to before me on this date of 04/19/2003

Notary's signature: *Theresa A. Stoffel*

Print notary's name as signed: Theresa A. Stoffel

My commission expires: 04-23-2006

**AFFIX NOTARY SEAL!!**

**OFFICE MAILING ADDRESS:**  
Office of the Secretary of State  
Attn: Trademark Records  
P.O. Box 7848  
Madison, WI 53707-7848

**OFFICE LOCATION:**  
30 West Mifflin Street, 10<sup>th</sup> Floor  
Madison, WI 53702

**WEBSITE:**  
<http://badger.state.wi.us/agencies/sos>

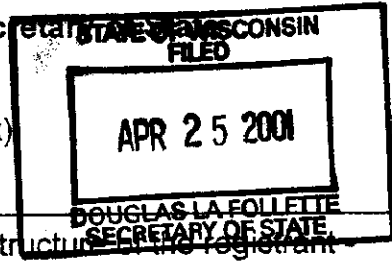
2001 5102061

# OFFICE OF THE SECRETARY OF STATE OF WISCONSIN APPLICATION FOR REGISTRATION OF MARKS

per chapter 132, Wisconsin Statutes

Filing Fee is \$15.00, make checks payable to Secretary of State

Registration is effective for 10 years



1. State Full Exact Name of Registrant (Party Registering Mark)

MICHAEL DEUTSCH

2. If registrant is **not an individual person**, state the nature or structure of the registrant for example, corporation, bank, limited liability company, association, club, partnership, etc.

NOTE: If registrant is required to be licensed or registered with any government office, attach copies of the most recent registration documents. Copies are not necessary if the registrant's documents are on file with the Corporations Division of the Wisconsin Department of Financial Institutions. For-profit foreign corporations must be licensed to do business in Wisconsin before this registration can be granted.

3. Describe the **type of business and/or goods** for which this registration will be used:

MEDICAL IMPLANT FOR TEMPORARY ABDOMINAL CLOSURE

4. State registrant's **residence, location, or place of business**. An actual physical site is required, not a post office box.

7781 LAKEVIEW DRIVE, BURLINGTON, WI 53105

5. State registrant's **mailing address and telephone**:

7781 LAKEVIEW DR, BURLINGTON, WI 53105 PHONE: 262-539-3564

NOTE: The certificate of registration will be mailed to the above address, unless another is listed here:

6. Complete "A" or "B". A separate application and fee are required for each mark.

A. If the mark you wish to register consists of **words only**, print the word(s) here.

WITTMANN PATCH

B. If the mark you wish to register consists of **words, symbols, pictures, or a combination with a distinctive appearance**, describe the mark clearly with a written description, (what does your mark look like?), and enclose **two samples of the mark**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The date on which you first use the mark is extremely important. Indicate month and year.

Date of First Use: 4/25/00

8. This is an  original application or a  renewal application.

9. If an attorney or agent is completing this application, please provide the following:

Name (Please Print) \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

10. I, **Being Duly Sworn**, state that: I am the registrant or a duly authorized representative of the registrant; the facts set forth in this application are true; the registrant has the right to the use of the subject of the registration applied for, and that no other person or persons, firm, partnership, corporation, association or union of workers has such right either in the identical form or in any such near resemblance thereto as may be calculated to deceive; that any accompanying originals, copies, photographs, cuts, counterparts, facsimiles, or drawings filed herewith are correct; that the registrant is not required to be licensed or registered by any government office, or if the registrant is required to be licensed or registered, true and correct copies of the most recent license or registration documents are attached; and that the registrant is a resident of the United States.

**Registrant or Agent must sign below in the presence of a notary public.**

Signature of Registrant Or Agent: Michael Deutsch

Print Name as Signed Above: MICHAEL DEUTSCH

Title of Party who signed above: PRESIDENT

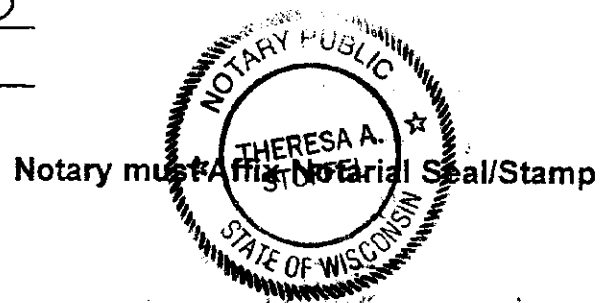
State of WISCONSIN

County of RAVINE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE: 04-19-01

Notary Signature: Theresa A. Stoffe

My Commission Expires on: 04-28-02



**Office Location**

30 W. Mifflin St., 10<sup>th</sup> floor, Madison, WI 53702

**Mailing Address**

Secretary of State

Trademark Records

PO Box 7848

Madison, WI 53707-7848

Telephone: (608) 266-5653

3/98