

9-3-99

FORM PTO-1595 (Modified)
(Rev. 6-93)
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09-20-1999



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Docket No.: 1242.002

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

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

| | |
|--|---|
| <p>1. Name of conveying party(ies): David P. Gallo, Sr.</p> <p>Additional names(s) of conveying party(ies) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>2. Name and address of receiving party(ies):</p> <p>Name: ConMed Corporation</p> <p>Internal Address: _____</p> <p>Street Address: 310 Broad Street</p> <p>City: Utica State: NY ZIP: 13501</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Date: September, 1999</p> | |



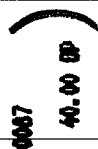
4. Application number(s) or registration numbers(s):

If this document is being filed together with a new application, the execution date of the application is: **September**, 1999

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|------------------------------|------------------|
| A. Patent Application No.(s) | B. Patent No.(s) |
|------------------------------|------------------|

Additional numbers attached? ☐ Yes ☐ No

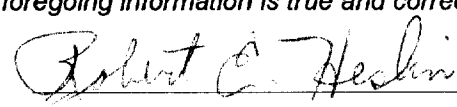
| | |
|--|---|
| <p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Robert E. Heslin, Esq.</p> <p>Internal Address: _____</p> <p>Street Address: Heslin & Rothenberg, P.C.</p> <p>5 Columbia Circle</p> <p>City: Albany State: NY ZIP: 12203</p> | <p>6. Total number of applications and patents involved: 1</p> <p>7. Total fee (37 CFR 3.41):.....\$ 40.00</p> <p><input checked="" type="checkbox"/> Enclosed - Any excess or insufficiency should be credited or debited to deposit account</p> <p><input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number:</p> <p>08-1935</p> |
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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.

Robert E. Heslin - Reg. No. 24,778  **September 3, 1999**

Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: **3**

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ASSIGNMENT

WHEREAS, I, **David P. Gallo, Sr.**, a citizen of the United States of America, residing at 5 Oakwood Drive, New Hartford, New York 13413, have invented certain new and useful improvements in ELECTROSURGICAL COAGULATING AND CUTTING INSTRUMENT for which I have executed an application for Letters Patent of the United States, of even date herewith; and

WHEREAS, **ConMed Corporation** having offices at 130 Broad Street, Utica, New York 13501, is desirous of obtaining the entire right, title and interest in, to and under the said improvements and the said application;

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) to me in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, I the said **David P. Gallo, Sr.**, have sold, assigned, transferred and set over, and by these presents do hereby sell, assign, transfer and set over, unto the said **ConMed Corporation**, its successors, legal representatives and assigns, the entire right, title and interest in, to and under the said improvements, and the said application and all divisions, renewals and continuations thereof, and all Letters Patent which may be granted thereon and all reissues and extensions thereof, and all applications for Letters Patent which may hereafter be filed for said improvements in any country or countries foreign to the United States, and all Letters Patent which may be granted for said improvements in any country or countries foreign to the United States and all extensions, renewals and reissues thereof, and I hereby authorize and request the Commissioner of Patents of the United States, and any Official of any country or countries foreign to the United States, whose duty it is to issue patents on applications as aforesaid, to issue all Letters Patent for said improvements to the said **ConMed Corporation**, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND I HEREBY covenant that I have full right to convey the entire interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

AND I HEREBY further covenant and agree that I will communicate to the said **ConMed Corporation**, its successors, legal representatives and assigns, any facts known to me respecting said improvements, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid the said **ConMed Corporation**, its successors, legal representatives and assigns, to obtain and enforce proper patent protection for said improvements in all countries.

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 2 day of SEPTEMBER, 1999.



David P. Gallo, Sr.

STATE OF New York
COUNTY OF Oneida ss.:

On this 2 day of September 1999, before me personally came **David P. Gallo, Sr.**, to me known and known to me to be the person of that name, who signed and sealed the foregoing instrument, and he acknowledged the same to be his free act and deed.

Maria Tripolone
Notary Public

MARIA TRIPOLONE
Notary Public, State of New York
Qualified in Herkimer Co. No. 4924788
Commission Expires May 2, 192000