09-24-199	010
FORM P10-1594 (Rev. 6-93)	HEET L. S.P. 2. U.S. DEPARTMENT OF COMME
OBM No. 0651-0011 (exp. 4/94)	
To the Honorable Commission. 101153139	e attached original documents of copy thereof.
1. Name of conveying party(ies):	2. Name and address of receiving party(ies):
Massimo Ferrigno	Name: The Brigham and Women's Hospital, Inc.
	Internal Address:
Additional name(s) of conveying party(ies) attached?	
mrD9-21-99	Street Address: 75 Francis Street
3. Nature of conveyance:	
	City/State/ZIP: Boston, Massachusetts 02115
Execution Date: August 11, 1999	Additional name(s) & address(es) attached?  Yes No
	<u> </u>
4. Application number(s) or patent number(s):	
If this document is being filed together with a new application, the exe	
A. Patent Application No.(s)	B. Patent No.(s)
09/337,506	
Additional numbers attach	
<ul> <li>Name and address of party to whom correspondence concerning document should be mailed:</li> <li>Name: Michael A. Sanzo</li> </ul>	
Internal Address:	
Street Address: Vinson & Elkins L.L.P. 2300 First City Tower 1001 Fannin	☐ Enclosed ☐ Authorized to be charged to deposit account
City/State/ZIP: Houston, TX 77002-6760	8. Deposit account number:
	(Attach duplicate copy of this page if paying by deposit account)
DO NOT USE T	THIS SPACE
9. Statement and signature.	
To the best of my knowledge and belief, the foregoing information original document.	
Michael A. Sanzo  Name of Person Signing  Muchael A. Sanzo  Signature	September 17, 1979
Name of Person Signing Signature  Total number of pages including	g cover sheet, attachments, and document:
4/1999 NTHAI1 00000058 09337506	g cover sheet, attachments, and document:
C:581 40.00 OP	
Mail documents to be recorded with r	equired cover sheet information to:
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**PATENT** 

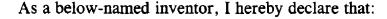
## Assignment to The Brigham and Women's Hospital, Inc.

Applicant(s): Massimo Ferrigno

Appl. No.: 09/337,506 Filed: June 22, 1999

For: Noninvasive Method for Increasing or Decreasing the

**Body Temperature of a Patient** 



My post office address is as stated below under my signature and I am named as inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified above. In view of valuable consideration, receipt of which is hereby acknowledged, I do hereby assign and transfer unto The Brigham and Women's Hospital, Inc. (hereinafter "BWH"), a not-for-profit organization of the State of Massachusetts, its successors and assigns, my entire interest in and the full and exclusive right to the INVENTIONS, the APPLICATION and all related applications (including all divisions, reissues, continuations, and extensions thereof) and all counterparts in other countries, and any and all Letters Patent (and certificates of invention or similar certificates) (herein PATENTS) which may be granted based upon the INVENTIONS or the APPLICATION or related applications or counterparts in other countries; said transfer and assignment being applicable throughout the world. I hereby authorize and request officials of patent offices in any and all countries of the world to issue any and all of the PATENTS, when granted, to BWH, its successors and assigns, as the assignee of my entire right, title, and interest in and to the same. I agree that I will communicate to BWH, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to BWH; make all rightful oaths; and generally do everything possible to aid BWH, its

Page 1 of 2

PATENT REEL: 010251 FRAME: 0936 successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world.

Signature of Inventor Massimo Ferrigno

August 11, 1949

rightatate of inventor masonito refright

**RECORDED: 09/21/1999** 

Address:

45 Longwood Avenue, Penthouse C

Brookline, Massachusetts 02446

Page 2 of 2

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