

11-17-99

Docket No.: 498-215 CIP II

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11-24-1999



101206319

FORM PTO-1535 (Modified)  
(Rev. 3-93)  
OMB No. 0651-0011 (exp 4/94)  
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COVER SHEET  
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): <b>THISTLE, Robert</b> <b>YAMPOLSKY, Ilya</b></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: <b>Boston Scientific Corporation</b></p> <p>Internal Address: _____</p> <p>Street Address: <b>One Boston Scientific Place</b></p> <p>City: <b>Natick</b> State: <b>MA</b> ZIP: <b>01760</b></p> <p>Add tional name(s) &amp; 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: <b>November 4, 1999</b></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: \_\_\_\_\_

<p>A. Patent Application No.(s)</p> <p><b>09/427,917</b></p>	<p>B. Patent No.(s)</p>
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Additional numbers attached?  Yes  No

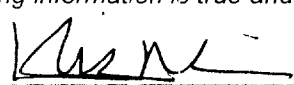
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name <b>Kirk M. Miles</b></p> <p>Internal Address: <b>Hoffmann &amp; Baron, LLP</b></p> <p>Street Address: <b>6900 Jericho Turnpike</b></p> <p>City: <b>Syosset</b> State: <b>NY</b> ZIP: <b>11791</b></p>	<p>6. Total number of applications and patents involved: <b>1</b></p> <p>7. Total fee (37 CFR 3.41):.....\$ <b>40.00</b></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><b>08-2461</b></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.*

**Kirk M. Miles**  **November 15, 1999**

Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: **4**

For:  U.S. and/or  Foreign Rights  
For:  U.S. Application; or  U.S. Patent;  
By:  Inventors or  Present Owners

**ASSIGNMENT OF INVENTION**

In consideration of the payment by ASSIGNEE to ASSIGNOR of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,

ASSIGNORS: (inventor(s) or person(s) or entity(ies) who own the invention)

Robert Thistle

Name

22 West Meadow Drive

Brockton, MA 02301

Address

USA

Nationality

Ilya Yampolsky

Name

35 Miami Avenue

West Roxbury, MA 02132

Address

USA

Nationality

(If assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO add the following)

Recorded on \_\_\_\_\_

Reel \_\_\_\_\_

Frame \_\_\_\_\_

hereby sells, assigns and transfers to

ASSIGNEE:

Boston Scientific Corporation

(Type or print name of ASSIGNEE)

One Boston Scientific Place

Address

Natick, MA 01760-1537

USA

Nationality

and the successors, assigns and legal representatives of the ASSIGNEE,

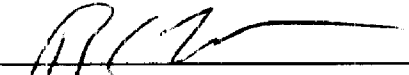
(complete one of the following)

required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal this

**WARNING:** Date of signing must be the **same** as the date of execution of the application if item (a) was checked above.

Date:  11/4/99

  
Robert Thistle

Date:  11/4/99

  
Ilya Yampolsky

(If ASSIGNOR is a legal entity, complete the following information)

\_\_\_\_\_  
Type or print the name of the above person  
authorized to sign on behalf of ASSIGNOR

\_\_\_\_\_  
Title

NOTE: No witnessing, notarization or legalization is necessary. If the assignment is notarized or legalized then it will only be prima facie evidence of execution 35 USC 261.