

12-07-1999

SHEET

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To the Honorable Commission of Pa

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ached original documents or copy thereof.

1. Name of conveying party(ies):

Juan Carlos Parodi

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

Name and address of receiving party(ies)

Name: Arteria Medical Science, Inc.

Internal Address: _____

3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other _____Execution Date: 11/12/99Street Address: 401 Terry Francois Boulevard,
Suite 128City: San Francisco State: CA ZIP: 94107Additional name(s) & address(es) attached? ☐ Yes ☒ No

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

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

A. Patent Application No.(s)

09/418,727

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Nicola A. Pisano

Internal Address: _____

Street Address: Fish & Neave

1251 Avenue of the Americas

City: New YorkState: NYZIP: 10020

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 3.41):.....\$ 40.00

☒ Enclosed☒ Authorized to be charged to deposit account

8. Deposit account number:

06-1075

(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.

Nicola A. Pisano

Name of Person Signing

Signature

Date

Reg. No. 34,408

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

5

A S S I G N M E N T

WHEREAS, I, Juan Carlos Parodi, residing at Blanco Encolada 1543/47, 1 piso, Ciudad de Buenos Aires, Argentina have made an invention entitled:

APPARATUS AND METHODS FOR REDUCING EMBOLIZATION
DURING TREATMENT OF CAROTID ARTERY DISEASE

and have made an application for United States Letters Patent therefor filed October 15, 1999 and assigned Serial No. 09/418,727; and

WHEREAS, ARTERIA MEDICAL SCIENCE, INC., a corporation organized and existing under the laws of the State of Delaware and having an address of 401 China Basin Boulevard, Suite 128, San Francisco, California 94107, is desirous of acquiring the entire interest in said invention, said United States patent application and in any Letters Patent which may issue thereon;

NOW, THEREFORE, be it known that for and in consideration of the sum of One Dollar (\$1.00) paid, and other good and valuable consideration, the receipt of sufficiency of which is hereby acknowledged, I do hereby sell, assign and transfer unto the said ARTERIA MEDICAL SCIENCE, INC., its successors, assigns and legal representatives, all right, title and interest in and to said invention and any improvements thereon for all countries of the world, and in and to said United States patent application, including any continuations, continuations-in-part and divisions thereof, and any substitute applications therefor, and including the right to claim priority under the International Convention based on said patent application, and any patent which may issue thereon, and any reissues of the same; and all

right, title and interest in and to every patent application filed or to be filed on said invention in any other country, including renewals, revivals, continuations and divisions thereof, and any substitute applications therefor, and any and all patents which may issue thereon, and any reissues and extensions of the same;

and I hereby authorize and request competent authorities to grant and issue any and all patents on said invention to the said ARTERIA MEDICAL SCIENCE, INC. as the assignee of the entire interest therein; and I further agree to execute upon request of the assignee such additional documents, if any, as are necessary and proper to secure patent protection on said invention throughout all countries of the world, and to otherwise give full effect to and perfect the rights of the assignee under this Assignment.

IN TESTIMONY WHEREOF, I have hereunto signed my name on the date indicated hereinafter.

November 12, 1999

Date

Juan Carlos Parodi

) COPIA/COPIA DE Juan Carlos PARODI
: ss.: COPIA/COPIA EN SELLO DE ACTUACION NOTARIAL
) COPIA/COPIA DE CONSTE.

On this _____ day of _____, 1999,

appeared before me in person the above-named Juan Carlos Parodi and acknowledged the above to be his signature and that he signed, sealed and delivered the above instrument as his voluntary act and deed, and for the uses and purposes therein set forth.

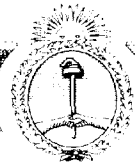
Notary Public

(Notarial seal)

My Commission expires:



ACTUACION NOTARIAL

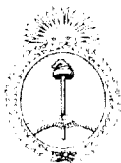


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1 Buenos Aires, 12 de noviembre de 1999 En mi carácter de Escribano
2 Adscripta del Registro Notarial 849 de Capital Federal
3 CERTIFICO: PRIMERO. Que la/s firma _____ que obra/n en el
4 documento que ligo con esta foja, es/son puesta/s en mi presencia por la/s
5 persona/s cuyo/s nombre/s y documento/s de identidad se mencionan a
6 continuación y de cuyo conocimiento doy fe Juan Carlos PARODI (C.I.
7 P.F. 4.460.774).- _____

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18 SEGUNDO: Que dicha/s persona/s manifiesta/n actuar _____ por derecho pro-
19 pio.- _____



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TERCERO: Que el/los requerimiento/s respectivo/s queda/n formalizado/s
simultáneamente, por medio de Acta N° 137 del Libro de Requerimientos
N° 5. Documentación en idioma extranjero. CONSTE.-

h. de J. Potemkin

