12-05-2000

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U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office

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To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy there 1. Name of conveying party(ies): 2. Name and address of receiving party(ies): Timothy J. Weaver; Dion Mraz Name: Scimed Life Systems, Inc. Additional name(s) of conveying party(ies) Internal Address: attached? □ Yes ⊠ No Street Address: One Scimed Place 3. Nature of Conveyance: □ Merger ■ Assignment City: Maple Grove State: MN Zip: 55311-1566 ☐ Security Agreement □ Change of Name □ Other _ Additional name(s) & address(es) attached? □ Yes ⋈ No Execution Date: ___11/09/2000 4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: 11/09/2000 A. Patent Application No.(s) B. Patent No.(s) Additional numbers attached? □ Yes ⊠ No 5. Name and address of party to whom 6. Total number of applications and patents involved: 1 correspondence concerning document should be mailed: 7. Fotal fee (37 CFR 3.41): \$40.00 Walter J. Steinkraus ☑ Enclosed □ Authorized to be charged to deposit account Vidas, Arrett & Steinkraus, P.A. Suite 2000, 6109 Blue Circle Drive 8. Deposit Account Number: 22-0350 Minnetonka, MN 55343-9185 (Attach duplicate of this page if paying by deposit account) DO NOT USE THIS SPACE 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. Walter J. Steinkraus 11/15/2000 Date Total number of pages including cover sheet, attachments, and document: OMB No. 0651-011 (exp. 4/94)

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Mail documents to be recorded with required cover sheet information to: **Commissioner of Patents and Trademarks Box Assignments**

Washington, D.C. 20231



PATENT REEL: 011290 FRAME: 0577

UTILITY/DESIGN PATENT Docket No. S63.2-9191

ASSIGNMENT

WHEREAS, I(we), Timothy J. Weaver; Dion Mraz residing at 14905 346th Ave NE, Duvall WA 98019; 4005 80th Ave SE, Mercer Island WA 98040 have invented and own the entire United States right, title and interest in an invention for: Radiopaque Surgical Implement disclosed in my application for United States Letter Patent filed: ÞΖ concurrently herewith on ______ and assigned Serial No. ______; and I hereby authorize and request any attorney of Vidas, Arrett & Steinkraus, P.A., Suite 2000, 6109 Blue Circle Drive, Minnetonka, MN 55343-9185, to insert the filing date and application number of said application above when known. WHEREAS, Scimed Life Systems, Inc. ("Assignee"), a corporation organized and existing under and by virtue of the laws of the State of Minnesota, and having its principal place of business at One Scimed Place, Maple Gove, MN 55311-1566, is desirous of acquiring the entire right, title, and interest in and to said invention, to said application for any and all countries, to any and all Letters Patent, and to any and all Design Letters Patent of any and all countries which may be granted thereon; NOW, THEREFORE, Be It Known that for good and valuable consideration, the receipt of all of which is hereby acknowledged, I(we) hereby sell, assign, and transfer unto Assignee, its successors, and assigns, the entire right, title and interest, legal and equitable, in and to said invention, to said application for any and all countries, to any and all Letters Patent, and to any and all Design Letters Patent of any and all countries which may be granted thereon; and the Commissioner of Patents and Trademarks is hereby authorized and requested to issue all Letters Patent and all Design Letters Patent which may be granted to said invention to Assignee. First Inventor's Signature: First Inventor's Name: Second Inventor's Signature: Second Inventor's Name: Dion Mraz Dated: _____ Third Inventor's Signature: Third Inventor's Name:

Fourth Inventor's Signature:

Fourth Inventor's Name:

Dated:

RECORDED: 11/15/2000

PATENT REEL: 011290 FRAME: 0578