

12-26-2000



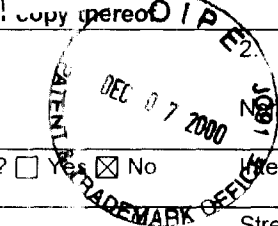
1 COVER SHEET
ONLY

U.S. Department of Commerce
Patent and Trademark Office
Attorney Docket No. 06530.0270
Attorney Customer Number: 22,352

12.7.00

To the Honorable Court
Please record the at

101561411



ATTN. BOX ASSIGNMENTS

1. Name of conveying party(ies): Kimberly M. Riley
Name and address of receiving party(ies): SCIMED Life Systems, Inc.

Additional name(s) of conveying party(ies) attached? Yes No Internal Address:

3. Nature of conveyance: Street Address: One Scimed Place

Assignment Merger City: Maple Grove

Security Agreement Change of Name State: Minnesota Zip Code: 55311-1566

Other [Describe] Additional name(s) & Address(es) attached?

Execution Date: November 3, 2000 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:

A. Patent Application Number(s): B. Patent Number(s):

09/638,624

Additional numbers attached? Yes No

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

Name: Leslie I. Bookoff, Esq.

6. Total number of applications and registrations involved: One

7. Total fee (37 CFR 3.41): \$40

Enclosed (Please charge deficiency to deposit account)
 Authorized to be charged to deposit account

Internal Address: FINNEGAN, HENDERSON, FARABOW GARRETT & DUNNER, L.L.P.

Street Address: 1300 I Street, N.W.

City: Washington, D.C.

State: Zip: 20005-3315

8. Deposit Account No.: 06-0916

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.

Leslie I. Bookoff, Reg. No. 38,084

Leslie I. Bookoff
Signature

12/7/00
Date

Total number of pages including cover sheet, attachments and documents: 2

12/22/2000 DNGUYEN 00000523 09638624

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40.00 OF

ASSIGNMENT

WHEREAS I, the below named inventor, [hereinafter referred to as Assignor], have made an invention entitled:

MEDICAL INSTRUMENT CONTAINER

for which I executed an application for United States Letters Patent Application Serial No. 09/638,624, filed August 15, 2000; and

WHEREAS, **SCIMED Life Systems, Inc.**, a corporation of **Minnesota** whose post office address is **One Scimed Place, Maple Grove, Minnesota 55311-1566** (hereinafter referred to as Assignee), is desirous of securing the entire right, title and interest in and to this invention in the United States, the applications for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

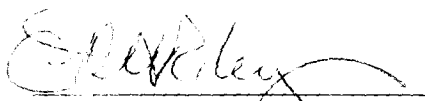
NOW THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee is hereby acknowledged, I, as assignor, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, my entire right, title, and interest in and to this invention in the United States of America and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and I hereby authorize and request the Commissioner of Patents and Trademarks of the United States to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;

AND, I HEREBY further covenant and agree that I will, without further consideration, communicate with assignee, its successors and assigns, any facts known to me respecting this invention and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver all papers that may be necessary or desirable to perfect the title to this invention in said assignee, its successors and assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States, it being understood that any expense incident to the execution of such papers shall be borne by the assignee, its successors and assigns.

IN TESTIMONY WHEREOF, I have hereunto set my hand.

County of _____)
State of _____)

ss:



Kimberly M. Riley
254 School Street
Boynton, MA 01505

12/3/00

Date

Subscribed and sworn to before me this ____ day of _____, 2000.

Notary Public