SHEET U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office AMS-002 CIP4
ached original documents or copy thereof.
Name and address of receiving party(ies) Name: Arteria Medical Science, Inc. Internal Address:
Street Address: The Presidio, Old Army Headquarters Building 220, Suite 120 P.O.Box 29450 City: San Francisco State: CA ZIP: 94129 Additional name(s) & address(es) attached? Yes No
the execution date of the application is: B. Patent No.(s)
ached? □ Yes ■ No
6. Total number of applications and patents involved:
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)
THIS SPACE
gnature grand document:

ASSIGNMENT

WHEREAS, We, Juan Carlos Parodi and Michael J. Horzewski, residing respectively at Blanco Encolada 1543, Capital Federal, Buenos Aires, Argentina 1428 and 6032 Running Springs Road, San Jose, California 95135, have made an invention entitled:

PUNCTURE RESISTANT BRANCH ARTERY OCCLUSION DEVICE AND METHODS OF USE

and have made an application for United States Letters Patent therefor filed October 17, 2000 and assigned Serial No. 09/691,295; and

WHEREAS, ARTERIA MEDICAL SCIENCE, INC., a corporation organized and existing under the laws of the State of Delaware and having an address of The Presidio, Old Army Headquarters, Building 220, Suite 120, P.O.Box 29450, San Francisco, California 94129, 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, we 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 we 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 we 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, we have hereunto signed our names on the date indicated hereinafter.

<i>VZ 1 00</i> Date	Juan Carlos Parodi
) : ss.:)
acknowledged the abov signed, sealed and de voluntary act and dee	he above-named Juan Carlos Parodi and re to be his signature and that he elivered the above instrument as his ed, and for the uses and purposes
	DE JUAN, C. PARODI SE CERTIFICA EN SELLI
DE ACTUA	CION NOIA Nº 907219936 CONTENTS
(Notarial seal)	My Commission expires Libia Yan'na ROMESTROVSKY ESCRIBANA MAI: 4367
Date	Michael J. Horzewski
) : ss.:)
and acknowledged the	day of, 2000, appeared the above-named Michael J. Horzewski above to be his signature and that he elivered the above instrument as his ed, and for the uses and purposes
	Notary Public
(Notarial seal)	My Commission expires:



C 007219936

1	Buenos Aires, 1 de diciembre de 2000 En mi carácter de Escribano
2	Adscripta del registro notarial número 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, con Cédula de
7	Identidad expedida por la Policía Federal número 4.460.774
8	
9	
0	
11	
2	
3	
4	
15	
16	
17	
18	SEGUNDO: Que dicha/s persona/s manifiesta/n actuar Por derecho propio
19	
20	
21	
22	
23	
24	
21	⊼





C 007219936

TERCERO: Que el/los requerimiento/s respectivo/s queda/n formalizado/s simultáneamente, por medio de Acta N $^{\circ}$ del Libro de Requerimientos N $^{\circ}$ 7.- Documentación en idioma extranjero.- CONSTE.-

LIBIT TANHA ILOMBINOUSAY ESCRIBANA MAT. 4367

ASSIGNMENT

WHEREAS, We, Juan Carlos Parodi and Michael J.
Horzewski, residing respectively at Blanco Encolada 1543,
Capital Federal, Buenos Aires, Argentina 1428 and 6032
Running Springs Road, San Jose, California 95135, have made
an invention entitled:

PUNCTURE RESISTANT BRANCH ARTERY OCCLUSION DEVICE AND METHODS OF USE

and have made an application for United States Letters
Patent therefor filed October 17, 2000 and assigned Serial
No. 09/691,295; and

WHEREAS, ARTERIA MEDICAL SCIENCE, INC., a corporation organized and existing under the laws of the State of Delaware and having an address of The Presidio, Old Army Headquarters, Building 220, Suite 120, P.O.Box 29450, San Francisco, California 94129, 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, we 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 we 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 we 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, we have hereunto signed our names on the date indicated hereinafter.

Date		Juan Carlos Parodi
) : ss.:)
before me acknowledge signed, se	ged the above ealed and de act and dee	day of, 2000, appeared he above-named Juan Carlos Parodi and e to be his signature and that he livered the above instrument as his d, and for the uses and purposes
		Notary Public
(Notarial	seal)	My Commission expires:
//22/01 Date		Michael J. Horzewski
before me and acknow	vledged the ealed and de act and dee	day of, 2000, appeared he above-named Michael J. Horzewski above to be his signature and that he livered the above instrument as his d, and fow the uses and purposes Notary Public
(Notarial	seal)	My Commission expires:
	S	CE ATTACHED ACKNOWLEDGMENT

State of California	1
and Clara	ss.
County of <u>Santa Clara</u>	
On <u>Tan 22, 2001</u> , before me, _	Marcus Medina Watary Public Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Michael	James Horzewski -
	personally known to me proved to me on the basis of satisfactor evidence
	to be the person(x) whose name(x) is/ensubscribed to the within instrument an acknowledged to me that he/she/they execute the same in his/her/their authorized capacity(ies), and that by his/her/the signature(s) on the instrument the person(s).
MARCUS MEDINA	the entity upon behalf of which the person(
Commission # 1289653 2 Notary Public — California S	acted, executed the instrument.
Santa Clara County My Comm. Expires Jan 6, 2005	WITNESS my hand and official seal.
11,7 (311111)	Haven Wedina
Place Notary Seal Above	Signature of Notary Public
	PTIONAL ——————
The section below is not required by	law it may prove valuable to persons relying on the document
and could prevent fraudulent removal	and reattachment of this form to another document.
Description of Attached Document Title or Type of Document:	ment
Title or Type of Document.	ner Pages
Document Date:	Number of Pages: 3rd Pages
2: (a) Other Than Named Above: To	an Carlos Parodi
Capacity(ies) Claimed by Signer Signer's Name:	E HTV 20(35K' RIGHT THUMBPR
Signer's Name: THE GOVE	OF SIGNER Top of thumb he
Individual Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General	
Attorney in Fact	
Trustee	
Guardian or Conservator	
Other:	
Signer Is Representing:	

RECORDED: 01/26/2001