Form PTO-159:



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**SHEET** 

PATENTS ONLY To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof. 2. Name and address of receiving party(ies): 1. Name of conveying party(ies): Name: Scimed Life Systems, Inc. Robert Barry Internal Address: Additional name(s) of conveying party(ies) attached? □ Yes KNo Street Address: One SCIMED Place, 3. Nature of Conveyance: Maple Grove, Minnesota 55311 □ Merger **X** Assignment Zip: State: City: ☐ Security Agreement □ Change of Name □ Other Additional name(s) & address(es) attached? □ Yes X No Execution Date: 3-7-01 4. Application number(s) or patent number(s): 19 If this document is being filed with a new application, the execution date of the application is: B. Patent No.(s) A. Patent Application No.(s) Additional numbers attached? 
Yes 
No 6. Total number of applications and patents involved: 5. Name and address of party to whom correspondence concerning document should be \$ 40 = mailed: 7. Total fee (37 CFR 3.41): Enclosed Richard A. Arrett □ Authorized to be charged to deposit account Vidas, Arrett & Steinkraus, P.A. Suite 2000, 6109 Blue Circle Drive 8. Deposit Account Number: 22-0350 (Attach duplicate of this page if paying by deposit account) Minnetonka, MN 55343-9185 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. Richard A. Arrett Total number of pages including cover sheet, attachments, and document: OMB No. 0651-011 (exp. 4/94) Do not detach this portion Mail documents to be recorded with required cover sheet information to: Commissioner of Patents and Trademarks Box Assignments

Washington, D.C. 20231

**PATENT** REEL: 011623 FRAME: 0837

## **UTILITY/DESIGN PATENT**

Docket No. S63.2-9497

## ASSIGNMENT

	WHEREAS, I(we), Robert	Barry			
residing at have invented an	d own the entire United States	s right, title and intere	est in an inventio	on for:	
MAGNETIC STENT					
disclosed in my a	application for United States I	<del>-</del> -			
<b>⊠</b>	concurrently herewith on and assigned S	Serial No; a	and		
6109 Blue Circle application above	I hereby authorize and reque e Drive, Minnetonka, MN 553 e when known.				
SCIMED Place, and to said inven	WHEREAS, Scimed Life Sytue of the laws of the State of Maple Grove, Minnesota 5: ntion, to said application for an Patent of any and all countries.	Minnesota, and havi 5311, is desirous of a ny and all countries, t	ing its principal pequiring the ention of any and all Le	place of busine re right, title, a	ess at <u>One</u> and interest in
assigns, the entir	NOW, THEREFORE, Be It by acknowledged, I(we) hereby eright, title and interest, legal tries, to any and all Letters Pamay be granted thereon; and the issue all Letters Patent and all	by sell, assign, and tra I and equitable, in and tent, and to any and a	nsfer unto Assig d to said invention all Design Letter Patents and Trac	gnee, its succes on, to said appl s Patent of any demarks is here	sors, and lication for and all by authorized
Dated:37	7-01 First Inver	ntor's Signature: ntor's Name:	Robert	E Barry	~~?
	STATE OF THE STATE	NOTAR SERVICE	g fo E Vog	<i>f</i>	

RECORDED: 03/15/2001

PATENT REEL: 011623 FRAME: 0838