

04-18-2001



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Area Code and Telephone Number (715) 386-5800

Name Skinner and Associates

Address (line 1) Attn: Joel D. Skinner, Jr.

Address (line 2) 619 Second Street, Suite 201

Address (line 3) Hudson, WI 54016

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Patent Number(s)

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Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00

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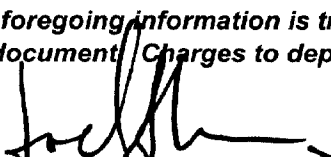
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Joel D. Skinner, Jr.



4-5-01

Name of Person Signing

Signature

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ASSIGNMENT OF APPLICATION

Docket Number (Optional)

Whereas, I, Simon J. FORBER of YVERSAY (France)
47, rue de Bourg, hereafter referred to as applicant, have invented certain new and useful improvements in a Covered self-expanding vascular occlusion device

for which an application for a United States Patent was filed on February 13, 2001,
Application Number 09 / 781 702.

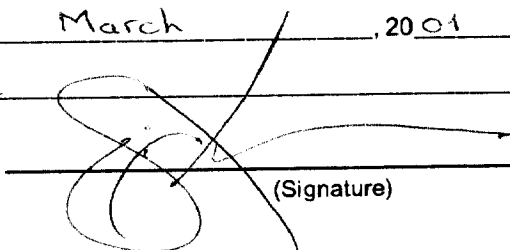
for which an application for a United States Patent was executed on _____, and

Whereas, B. BRAUN MEDICAL SAS of BOULOGNE-BILLANCOURT (France) herein referred to as "assignee" whose mailing address is 204, avenue du Maréchal Juin-92100 BOULOGNE-BILLANCOURT (France)

is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollars (\$ 1), the receipt whereof is acknowledged, and other good and valuable consideration, I, the applicant, by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States. I hereby authorize and request the Commissioner of Patents and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 16 day of March, 2001,
at Chasseneuil France



(Signature)

State of _____) SS:
County of _____)
Before me personally appeared said _____
and acknowledged the foregoing instrument to be his free act and deed this _____
day of _____, 20____.

Seal

(Notary Public)

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