

04-23-2001

4/9/01



101683875  
**RECORDATION FORM COVER SHEET  
PATENTS ONLY**

**TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).**

**Submission Type**

**New**

**Resubmission (Non-Recordation)**  
Document ID#

**Correction of PTO Error**  
Reel #  Frame #

**Corrective Document**  
Reel #  Frame #

**Conveyance Type**

**Assignment**     **Security Agreement**

**License**     **Change of Name**

**Merger**     **Other**

**U.S. Government**  
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**Departmental File**     **Secret File**

**Conveying Party(ies)**

**Mark if additional names of conveying parties attached**

Name (line 1)

Execution Date  
Month Day Year

Name (line 2)

**Second Party**

Name (line 1)

Execution Date  
Month Day Year

Name (line 2)

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**If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)**

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country Zip Code

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**FOR OFFICE USE ONLY**

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Mail documents to be recorded with required cover sheet(s) information to: **HMT 100 13843/2**  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**REEL: 11691 FRAME: 0438**

**Correspondent Name and Address** Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

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**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

**Application Number(s) or Patent Number(s)**  Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<input type="text" value="09778651"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

**Patent Cooperation Treaty (PCT)**

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>
PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

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

Method of Payment: Enclosed  Deposit Account

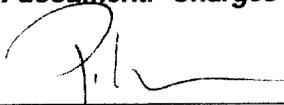
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**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. Charges to deposit account are authorized, as indicated herein.

Patrea L. Pabst 

Name of Person Signing Signature Date

Reg. No.: 31,284

# RECORDATION FORM COVER SHEET CONTINUATION PATENTS ONLY

## Conveying Party(ies)

Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Name (line 1)

Execution Date  
Month Day Year

Name (line 2)

Name (line 1)

Execution Date  
Month Day Year

Name (line 2)

Name (line 1)

Execution Date  
Month Day Year

Name (line 2)

## Receiving Party(ies)

Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

Name (line 1)

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Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)  City  State/Country  Zip Code

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## Application Number(s) or Patent Number(s)

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Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

### Patent Application Number(s)

<input type="text" value="09778651"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

## ASSIGNMENT

We, Marvin J. Slepian of 5001 North Summit Ridge Road, Tucson, Arizona 85750, Daniel Yachia of 17-B Yehuda Hamaccabi Street, Herzlia-on-Sea 46762, ISRAEL, Syed Hossainy of 34325 Tupelo Street, Fremont, California 94555, Baruch Levy of 5 Ben-Yosef Street, Ramat-Gan 52474, ISRAEL, and Zeev Sohn of P.O. Box 923, Ginot Shomron, ISRAEL, in consideration of ten dollars and other valuable consideration paid to us by Harmonia Medical Technologies, Inc., a corporation of the State of Delaware, having its principal place of business at 24 Amal St. Afek Park, P.O. Box 11424, Rosh Ha'ayin 48091, ISRAEL, the receipt of which is hereby acknowledged, do hereby sell, assign and transfer unto said Harmonia Medical Technologies, Inc., its successors and assigns, the entire interest for the United States of America, and its territories and all foreign countries and jurisdictions, including all rights of priority under the International Convention for the Protection of Industrial Property, in a certain invention or improvement in "*Transurethral Volume Reduction of the Prostate (TUVOR)*" described in U.S. Application Serial No. 09/778,651 filed in the United States Patent and Trademark Office on February 7, 2001, by Marvin J. Slepian, Daniel Yachia, Syed Hossainy, Baruch Levy, and Zeev Sohn, which claims priority to U.S. Provisional Application Serial No. 60/181,646 filed in the United States Patent and Trademark Office on February 10, 2000, and in all Letters Patent of the United States and its territories and all foreign countries and jurisdictions which may or shall be granted on said invention, or any parts thereof, or on said application, or any provisional, divisional, continuation, continuation-in-part, reissue, or other applications based in whole or in part thereon. And we agree, for ourselves and our executors and administrators, with said corporation and its successors and assigns, but at its or their expense or charges, hereafter to execute all applications, amended specifications, deeds or other instruments, and to do all acts necessary or proper to secure the grant of Letters Patent in the United States and its territories and in all other foreign countries and jurisdictions to said corporation, with specifications and claims in such form as shall be approved by the counsel of said corporation, and to vest and confirm in said corporation, its successors and assigns, the legal title to all such patents.

Title: "Transurethral Volume Reduction of the Prostate (TUVOR)"

By: Marvin J. Slepian, Daniel Yachia,

Syed Hossainy, Baruch Levy, and Zeev Sohn

Filed: February 7, 2001

ASSIGNMENT

And we do hereby authorize and request the Commissioner of Patents and Trademarks of the United States to issue such Letters Patent as shall be granted upon said application or applications based thereon to said corporation, its successors and assigns.

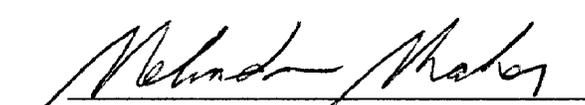
WITNESS my hand and seal this 29 day of March, 2001.

  
\_\_\_\_\_  
Marvin J. Slepian

State of Arizona )

County of Pima )

Then personally appeared the above named Marvin J. Slepian and acknowledged the foregoing instrument to be his free act and deed, before me this 29<sup>th</sup> day of March, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission expires: 03-28-03

Title: "Transurethral Volume Reduction of the Prostate (TUVOR)"

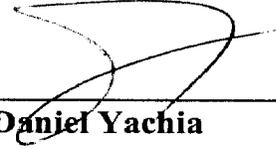
By: Marvin J. Slepian, Daniel Yachia,

Syed Hossainy, Baruch Levy, and Zeev Sohn

Filed: February 7, 2001

ASSIGNMENT

WITNESS my hand and seal this 13 day of March, 2001.



Daniel Yachia

Witnesses:

1. Signed: B Levy  
Printed Name: BARUCH LEVY  
Address: 5 BEN-YOSEF st. Ramat-Gan 52474  
ISRAEL

2. Signed: S.V. Hotz  
Printed Name: Vivienne Hotz  
Address: 20 Bilu Street Ra'anana Israel 43581

Title: "Transurethral Volume Reduction of the Prostate (TUVOR)"

By: Marvin J. Slepian, Daniel Yachia,

Syed Hossainy, Baruch Levy, and Zeev Sohn

Filed: February 7, 2001

ASSIGNMENT

WITNESS my hand and seal this 29<sup>th</sup> day of MARCH, 2001.

Syed Hossainy  
Syed Hossainy

State of California )

County of Santa Clara )

Then personally appeared the above named Syed Hossainy and acknowledged the foregoing instrument to be his free act and deed, before me this 29 day of March, 2001.

Christina D Kinsey  
Notary Public

My Commission expires: 6-27-02



Title: "Transurethral Volume Reduction of the Prostate (TUVOR)"

By: Marvin J. Slepian, Daniel Yachia,

Syed Hossainy, Baruch Levy, and Zeev Sohn

Filed: February 7, 2001

ASSIGNMENT

WITNESS my hand and seal this 11 day of March, 2001.

B. Levy

Baruch Levy

Witnesses:

1. Signed: S.V. Hotz  
Printed Name: Vivienne Hotz  
Address: 20 Bilu St Ra'anana Israel

2. Signed: Tyroler  
Printed Name: Zohar Tyroler  
Address: 83 David Elazar Holan ISRAEL

Title: "Transurethral Volume Reduction of the Prostate (TUVOR)"

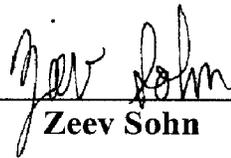
By: Marvin J. Slepian, Daniel Yachia,

Syed Hossainy, Baruch Levy, and Zeev Sohn

Filed: February 7, 2001

ASSIGNMENT

WITNESS my hand and seal this 13 day of March, 2001.

  
\_\_\_\_\_  
Zeev Sohn

Witnesses:

1. Signed: B. Levy  
Printed Name: BARUCH LEVY  
Address: 5 BEN-YOSEF ST.  
Ramat-Gan 52474 ISRAEL

2. Signed: Tyroler  
Printed Name: ZOHAR TYROLER  
Address: 83 DAVID ELAZAR HOLON  
ISRAEL