

12-18-2001



R SHEET

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

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To the Honorable Commission of

101921475

attached original documents or copy thereof.

1. Name of conveying party(ies):
ARTERIA MEDICAL SCIENCE, INC.
Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

12-17-01

3. Nature of conveyance:
☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

Execution Date: 12/05/01

2. Name and address of receiving party(ies)
Name: ARTERIA MEDICAL SCIENCE, LLC
Internal Address: _____
Street Address: 220 Halleck Street, Suite 120
City: San Francisco State: CA ZIP: 94129
Additional name(s) & address(es) attached? ☐ 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 is: _____

A. Patent Application No.(s)

B. Patent No.(s)

6,235,042

Additional numbers attached? ☐ Yes ☒ No

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

Name: Nicola A. Pisano

Internal Address: _____

Street Address: Fish & Neave
1251 Avenue of the Americas
City: New York State: NY ZIP: 10020

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

☒ Enclosed

☒ Additional fees are authorized to be charged to deposit account

8. Deposit account number:
06-1075

(Attach duplicate copy of this page if paying by deposit account)

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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.

Nicola A. Pisano
Name of Person Signing

Reg. No. 34,408

Signature

12/19/01
Date

Total number of pages including cover sheet, attachments, and document:

3

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

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PATENT
REEL: 012350 FRAME: 0948

A S S I G N M E N T

KNOW ALL MEN BY THESE PRESENTS, that in consideration of one dollar (\$1.00) and other valuable consideration, the receipt of which is hereby acknowledged, 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 (the "Assignor"), hereby assigns to ARTERIA MEDICAL SCIENCE, LLC., a corporation organized and existing under the laws of the State of Delaware and having an address of 220 Halleck Street, Suite 120, San Francisco, CA 94129 (the "Assignee"), its successors and assigns, any right, title or interest it may have in the invention entitled

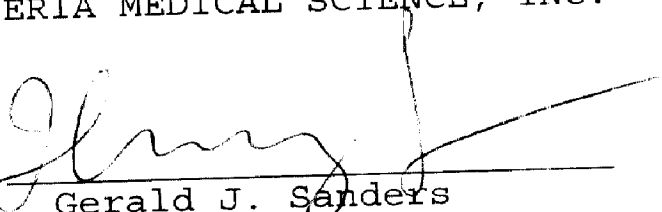
ATHERECTOMY DEVICE

for which U.S. Patent No. 6,235,042 issued on May 22, 2001, from U.S. Patent Application Serial No. 09/447,450, filed on November 22, 1999.

IN TESTIMONY WHEREOF, the Assignor has caused this Assignment to be executed by its duly authorized officer on this 5th day of December, 2001.

ARTERIA MEDICAL SCIENCE, INC.

By


Gerald J. Sanders
President

STATE OF

)

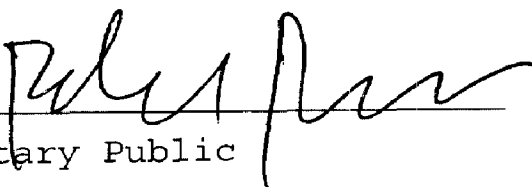
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ss.:

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COUNTY OF

On this 5th day of December, 2001, before me
Rolly Delrosario Notary Public, personally appeared
Gerald Sanders, personally
known to me (~~or proved to me on the basis of satisfactory~~
~~evidence~~) to be the person whose name is subscribed to the
within instrument and acknowledged to me that he executed
the same in his authorized capacity, and that by his
signature on the instrument the entity upon behalf of
which the person acted, executed the instrument.


Notary Public

(Notarial seal)

My Commission expires:

