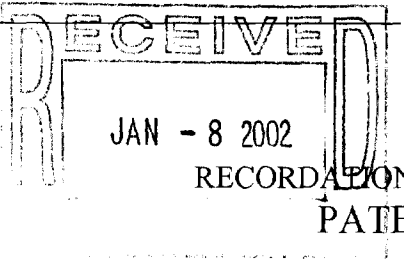


Form PTO -1619A
Expires 06/30/99
OMB 0651-0027



01-14-2002



101942594

U.S. Department of Commerce
Patent and Trademark Office
PATENT
Atty
Docket: GEMS8081.098

1.802

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

Submission Type

(X) New

() Resubmission (Non-Recordation)
Document ID#

() Correction of PTO Error
Reel # Frame #

() Corrective Document
Reel # Frame #

Conveyance Type

(X) Assignment () Security Agreement

() License () Change of Name

() Merger () Other

U.S. Government

(X) Departmental File () Secret File

Conveying Party(ies)

() Mark if additional names of conveying parties attached

Name (line 1) **Richard A. Valiga**

Name (line 2)

Execution Date
Month Day Year

9/10/01

Second Party

Name (line 1) **Fazle Ali**

Name (line 2)

Execution Date
Month Date Year

9/27/01

Third Party

Name (line 1) **Holly A. McDaniel**

Name (line 2)

Execution Date
Month Date Year

9/27/01

Receiving Party

() Mark if additional names of receiving parties attached

Name (line 1) **GE Medical Systems Global Technology Company, LLC**
Name (line 2)

Address (line 1) **3000 North Grandview Boulevard**
Address (line 2)

Address (line 3) **Waukesha** **WI/ United States** **53188**
City State/Country Zip Code

() 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.)

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

01/14/2002 DEYRME 00000204 070845 09682415

01 FC:581 40.00 CH

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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

PATENT
REEL: 012441 FRAME: 0418

Correspondent Name and Address Area Code and Telephone Number **414 271-5900**Name **Timothy J. Ziolkowski**Address (line 1) **Cook & Franke, S.C.**Address (line 2) **660 East Mason Street**Address (line 3) **Milwaukee, WI 53202**

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document
including any attachments.# **3**

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)**09/682,415**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 Treat (PCT)

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

PCT

PCT

PCT

PCT

PCT

PCT

Number of Properties Enter the total number of properties involved. # **1**Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ **40.00**

Method of Payment:

Enclosed ()

Deposit Account (x)

Deposit Account

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

Deposit Account Number:

07-0845

Authorization to charge additional fees: Yes (X) 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.***Timothy J. Ziolkowski**

Signature

Date **11/ 9 /01**

For: ☒ U.S. and/or ☒ Foreign Rights

For: ☒ U.S. Application or ☐ U.S. Patent

By: Multiple Inventors

ASSIGNMENT OF INVENTION (MULTIPLE INVENTORS)

In consideration of the payment by ASSIGNEE to ASSIGNORS of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration.

ASSIGNORS (inventors):

Richard A. Valiga
Name

305 Glacier Ct.
Waukesha, WI 53188
Address Citizenship

Fazle Ali
Name

1220 Fairlane Avenue
Brookfield, WI 53005
Address Citizenship

Holly A. McDaniel
Name

1001 River Hill Drive
Waukesha, WI 53189
Address Citizenship

hereby sells, assigns and transfers to

ASSIGNEE:

GE Medical Systems Global
Technology Company, LLC
a Delaware limited liability company
(Type name of ASSIGNEE)

3000 N. Grandview Blvd.
Waukesha, WI 53188
Address

and the successors, assigns and legal representatives of the ASSIGNEE

- ☒ the entire right, title and interest
☐ an undivided _____ percent (___%)
interest

for the United States and its territorial possessions

☒ and in all foreign countries, including all rights to claim priority in and to any and all improvements which are disclosed in the invention entitled:

**IN-ROOM START SCAN SEQUENCE CONTROL
AND METHOD OF IMAGING USING SAME**

and which is found in

- (a) ☐ U.S. patent application executed on even date herewith.
- (b) ☐ U.S. patent application executed on _____.
- (c) ☒ U.S. application serial no. 09/682,415, filed August 30, 2001.
 - To comply with 37 CFR 3.21 for recordal of this assignment, I as an ASSIGNOR signing below hereby authorize and request my attorney, as named in the Declaration and Power of Attorney I executed for this invention on the execution date stated above, to insert above the filing date and application number when it becomes known.
- (d) ☐ International application no. PCT/_____.
- (e) ☐ U.S. patent no. _____ issued _____.
 - ☐ A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.
- (f) ☐ and any legal equivalent thereof in a foreign country, including the right to claim priority

and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, division, renewal, or substitute thereof, and as to Letters Patent any reissue or reexamination thereof.

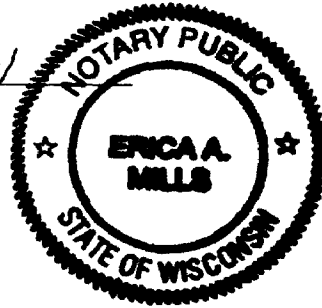
ASSIGNORS hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment;

ASSIGNORS further covenant that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof, which may be necessary or desirable to carry out the purposes thereof.

Richard A. Valiga
Type Name of Inventor

Richard A. Valiga
Signature of Inventor

Date: 9.10.2001



Subscribed and sworn to before me
this 10 day of September, 2001,

Erica A. Mills

Notary Public State of Wisconsin
My Commission Expires: 6-26-05

Fazle Ali
Type Name of Inventor

Fazle Ali
Signature of Inventor

Date: 9-27-2001

Subscribed and sworn to before me
this 27 day of September, 2001,

Erica A. Mills

Notary Public State of Wisconsin
My Commission Expires: 11-9-2003

Holly A. McDaniel
Type Name of Inventor

Holly A. McDaniel
Signature of Inventor

Date: 9/27/2001

Subscribed and sworn to before me
this 27 day of September, 2001,

Erica A. Mills

Notary Public State of Wisconsin
My Commission Expires: 11-9-2003