

01-30-2002



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Resubm

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- ☒ New *1-25-02*
- ☐ 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) Medtronic Xomed Surgical Products

Execution Date
Month Day Year
12/29/00

Name (line 2)

Second Party

Name (line 1)

Execution Date
Month Day Year

Name (line 2)

Receiving Party

☐ Mark if additional names of receiving parties attached

Name (line 1) Medtronic Xomed, Inc.

Name (line 2)

Address (line 1) 6743 Southpoint Drive, North

Address (line 2)

Address (line 3) Jacksonville

Florida

State/Country

32216-0980

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)

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PATENT
REEL: 012507 FRAME: 0812

Correspondent Name and Address

Area Code and Telephone Number

Name

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Pages

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#

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)

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

PCT

PCT

PCT

PCT

PCT

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.

Robert H. Epstein

Name of Person Signing

Signature

Date

1/24/02



11-15-2001



101896537

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 **11.9.01**
- ☐ Resubmission (Non-Recordation)
Document ID#
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Reel # Frame #
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Reel # Frame #

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Address (line 4)

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PATENT
REEL: 012507 FRAME: 0814

Correspondent Name and AddressArea Code and Telephone Number **301-424-3640**Name **Robert H. Epstein**Address (line 1) **Epstein, Edell, Shapiro, Finnan & Lytle, LLC**Address (line 2) **1901 Research Boulevard**Address (line 3) **Suite 400**Address (line 4) **Rockville, Maryland 20850****Pages**Enter the total number of pages of the attached conveyance document
including any attachments.# **5****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)**09/629,197****Patent Number(s)**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

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:
Deposit AccountEnclosed ☒Deposit Account ☐

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

Deposit Account Number:

05-0460

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.***Robert H. Epstein**

Name of Person Signing

Signature

Date

ASSIGNMENT

WHEREAS, we, James B. Hissong and Fred B. Dinger, residing at 14167 Hampton Falls Drive, Jacksonville, Florida 32224 and 8740 Hampshire Glen Drive, Jacksonville, Florida 32256, respectively, have invented certain new and useful improvements in Methods of Tongue Reduction By Thermal Ablation Using High Intensity Focused Ultrasound, for which for which an application for United States Letters Patent was filed on January 19, 2000 and assigned Serial No. 09/487,707.

WHEREAS, Medtronic Xomed Surgical Products, Inc., a corporation of Delaware, having a place of business at 6743 Southpoint Drive, North, Jacksonville, Florida 32216, is desirous of acquiring the entire right, title and interest in and to said invention and in and to any Letters Patent that may be granted therefor in the United States and in any and all foreign countries.

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) in hand paid, the receipt whereof is hereby acknowledged, and other valuable considerations, we have sold, assigned and transferred, and by these presents do sell, assign and transfer unto Medtronic Xomed Surgical Products, Inc., the full and exclusive right to said invention in the United States and its territorial possessions and in all foreign countries and the entire right, title and interest in and to any and all Letters Patent which may be granted thereon in the United States and its territorial possessions and in any and all foreign countries, and in and to any and all divisions, reissues, continuations and extensions thereof.

We hereby authorize and request the Patent and Trademark Office officials in the United States and in any and all foreign countries to issue any and all of said Letters Patent, when granted, to said Medtronic Xomed Surgical Products, Inc., as the assignee of the entire interest in and to the same, for the sole use and behalf of Medtronic Xomed Surgical Products, Inc., its successors and assigns.

FURTHER, we agree that we will communicate to Medtronic Xomed Surgical Products, Inc., or its representatives, any facts known to us respecting said invention, and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuation, substitution, renewal and reissue applications, execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to Medtronic Xomed Surgical Products, Inc., make all rightful oaths and generally do everything possible to aid Medtronic Xomed Surgical Products, Inc., its successors and assigns, to obtain and enforce proper protection for said invention in the United States and in any and all foreign countries.

IN TESTIMONY WHEREOF, we have hereunto set our hand.

4/24/00
Date

James B. Hissong
James B. Hissong

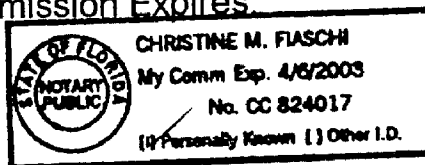
4/24/00
Date

Fred B. Dinger III
Fred B. Dinger III

On this 24th day of April, 2000, personally appeared before me the above named persons to me known and known to me to be the people described in, and who executed, the foregoing instrument and acknowledged the same to be their free act and deed in and for the purposes set forth in said instrument.

(SEAL)

Christine M. Fiaschi
NOTARY PUBLIC
My Commission Expires:





State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF OWNERSHIP, WHICH MERGES:

"MEROCEL CORPORATION", A DELAWARE CORPORATION,

WITH AND INTO "MEDTRONIC XOMED SURGICAL PRODUCTS, INC."
UNDER THE NAME OF "MEDTRONIC XOMED, INC.", A CORPORATION
ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE,
AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-NINTH DAY OF
DECEMBER, A.D. 2000, AT 1:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE FIRST DAY OF
JANUARY, A.D. 2001.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE
NEW CASTLE COUNTY RECORDER OF DEEDS.



Harriet Smith Windsor
Secretary of State

2391243 8100M

AUTHENTICATION: 0892012

001657975

DATE: 01-03-01

RECORDED: 11/09/2001

PATENT
REEL: 012507 FRAME: 0818