04-18-2002



Phoket No.: 9222.16399-F CON

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To the Honorable Commissioner of Patents and Trademarks:	Please record the attached origin	nal documents or copy thereof.
Name of conveying party(ies):     Street D. Felder L. Value	2. Name and address of receive	ing party(ies):
Stuart D. Edwards, John Gaiser, David S. Utley Scott West, Jay Qin	Name: Curon Medical, Inc.	
Scott West, Jay Qin 4-12-02		
	Address: 735 Palomar Aven	ue
Additional names(s) of conveying party(ies)		
3. Nature of conveyance:		A
☑ Assignment		
☐ Security Agreement ☐ Change of Name	City: Sunnyvale	State/Prov.: CA
☐ Other	Country: US	ZIP: 94085
Execution Date: 3/19/02, 3/21/02, 3/26/02, 3/29/02	Additional name(s) & address(es)	☐ Yes ☒ No
4. Application number(s) or patent numbers(s):		
If this document is being filed together with a new application,	the execution date of the applica	ation is:
Patent Application No. Filing date	B. Patent No.(s)	
10/04/ /27		
10/046,637 14 January 2002		
716/2002 ADSMAN1 00000068 10046637 FC:581 40.00 DP		
FC:581 40.00 OP		
Additional numbers	☐ Yes ☒ No	
5. Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications	and patents involved: 1
Name: Daniel D. Ryan	7. Total fee (37 CFR 3.41):	\$ 40.00
Registration No. 29,243	⊠ Fnclosed - Any excess o	or insufficiency should be
Registration No. 29,243  Address: Ryan Kromholz & Manion, S.C.	1	or insufficiency should be posit account
Registration No. 29,243	⊠ Enclosed - Any excess of credited or debited to de	or insufficiency should be posit account
Registration No. 29,243  Address: Ryan Kromholz & Manion, S.C.  P.O. Box 26618	<ul> <li>☑ Enclosed - Any excess of credited or debited to de</li> <li>☐ Authorized to be charged</li> <li>8. Deposit account number:</li> <li>06-2360</li> </ul>	or insufficiency should be posit account d to deposit account
Registration No. 29,243  Address: Ryan Kromholz & Manion, S.C.  P.O. Box 26618  City: Miwaukee State/Prov.: WI	<ul> <li>☑ Enclosed - Any excess of credited or debited to de</li> <li>☐ Authorized to be charge</li> <li>8. Deposit account number:</li> </ul>	or insufficiency should be posit account d to deposit account
Registration No. 29,243  Address: Ryan Kromholz & Manion, S.C.  P.O. Box 26618  City: Miwaukee State/Prov.: WI  Country: US ZIP: 53226-0618	<ul> <li>☑ Enclosed - Any excess of credited or debited to de</li> <li>☑ Authorized to be charged</li> <li>8. Deposit account number:</li> <li>06-2360</li> <li>(Attach duplicate copy of this page)</li> </ul>	or insufficiency should be posit account d to deposit account
Registration No. 29,243  Address: Ryan Kromholz & Manion, S.C.  P.O. Box 26618  City: Miwaukee State/Prov.: WI  Country: US ZIP: 53226-0618	Enclosed - Any excess of credited or debited to de  Authorized to be charge  8. Deposit account number:  06-2360  (Attach duplicate copy of this particular copy of this parti	or insufficiency should be posit account d to deposit account ge if paying by deposit account)
Registration No. 29,243  Address: Ryan Kromholz & Manion, S.C.  P.O. Box 26618  City: Miwaukee State/Prov.: WI  Country: US ZIP: 53226-0618	Enclosed - Any excess of credited or debited to de  Authorized to be charge  8. Deposit account number:  06-2360  (Attach duplicate copy of this particular copy of this parti	or insufficiency should be posit account d to deposit account ge if paying by deposit account)
Address: Ryan Kromholz & Manion, S.C.  P.O. Box 26618  City: Miwaukee State/Prov.: WI  Country: US ZIP: 53226-0618  Do Not  9. Statement and signature.  To the best of my knowledge and belief, the foregoing inform	Enclosed - Any excess of credited or debited to de  Authorized to be charge  8. Deposit account number:  06-2360  (Attach duplicate copy of this particular copy of this parti	or insufficiency should be posit account d to deposit account ge if paying by deposit account)
Registration No. 29,243  Address: Ryan Kromholz & Manion, S.C.  P.O. Box 26618  City: Miwaukee State/Prov.: WI  Country: US ZIP: 53226-0618	Enclosed - Any excess of credited or debited to de  Authorized to be charge  8. Deposit account number:  06-2360  (Attach duplicate copy of this particular copy of this parti	or insufficiency should be posit account d to deposit account ge if paying by deposit account)

## **ASSIGNMENT**

In consideration of One Dollar (\$1.00) and other good and valuable considerations, receipt of which is acknowledged, we, Stuart D. Edwards, John Gaiser, David S. Utley, Scott West and Jay Qin being the lawful owners hereby sell and assign to Curon Medical, Inc. its successors and assigns, the entire right, title and interest throughout the world in our invention in a Electrodes for Creating Lesions in Tissue Regions at or Near a Sphincter described in the application 10/046,637 filed 14 January 2002 for United States patent, and in this and any and all U.S.A. and other patent applications and patents thereon, and in all rights of priority thereto.

Dated	3/19/02	By	Manuel
Dated_	3/26/02	By	Stuart D. Edwards
Dated_	3-29-02	<b>-</b> By	John Gaiser  Damo S- Uney
Dated	3/26/02	By	David S. Utley
Dated	3-21-02	Ву	Scott West
			Jay Qin

**RECORDED: 04/12/2002** 

PATENT REEL: 012792 FRAME: 0751