

9/10/02

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To the Honorable Commission of Patent:

102221444

1 original documents or copy thereof.

1. Name of conveying party(ies):

Michael Hogendijk

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

2. Name and address of receiving party(ies)

Name: ARTERIA MEDICAL SCIENCE, INC.

Internal Address: _____

Street Address: The Presidio,
Old Army Headquarters,
Building 220, Suite 120
P.O. Box 29450

City: San Francisco State: CA ZIP: 94129

Additional name(s) & address(es) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment

☐ Merger

☐ Security Agreement

☐ Change of Name

Other _____

Execution Date: 09/05/02

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)

10/209,207 filed July 29, 2002

B. Patent No.(s)

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.

Douglas A. Oguss
Name of Person Signing

Signature

9-6-02
Date

Reg. No. 48,469

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

4

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

PATENT
REEL: 013273 FRAME: 0873

A S S I G N M E N T

WHEREAS, I, Michael Hogendijk, residing at 501 Forest Avenue, #904, Palo Alto, California 94301, have made an invention entitled:

BLOOD ASPIRATION SYSTEM AND METHODS OF USE

and have made an application for United States Letters Patent therefor filed July 29, 2002 and assigned Serial No. 10/209,207; and

WHEREAS, 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, is desirous of acquiring the entire interest in said invention, said United States patent application and in any Letters Patent which may issue thereon;

NOW, THEREFORE, be it known that for and in consideration of the sum of One Dollar (\$1.00) paid, and other good and valuable consideration, the receipt of sufficiency of which is hereby acknowledged, I do hereby sell, assign and transfer unto the said ARTERIA MEDICAL SCIENCE, INC., its successors, assigns and legal representatives, all right, title and interest in and to said invention and any improvements thereon for all countries of the world, and in and to said United States patent application, including any continuations, continuations-in-part and divisions thereof, and any substitute applications therefor, and including the right to claim priority under the International Convention based on said patent application, and any patent which may issue

thereon, and any reissues of the same; and all right, title and interest in and to every patent application filed or to be filed on said invention in any other country, including renewals, revivals, continuations and divisions thereof, and any substitute applications therefor, and any and all patents which may issue thereon, and any reissues and extensions of the same;

and I hereby authorize and request competent authorities to grant and issue any and all patents on said invention to the said ARTERIA MEDICAL SCIENCE, INC. as the assignee of the entire interest therein; and I further agree to execute upon request of the assignee such additional documents, if any, as are necessary and proper to secure patent protection on said invention throughout all countries of the world, and to otherwise give full effect to and perfect the rights of the assignee under this Assignment.

IN TESTIMONY WHEREOF, I have hereunto signed my name on the date indicated hereinafter.

9-5-02

Date

M. Hogendijk

Michael Hogendijk

STATE OF CALIFORNIA)

: ss.:

COUNTY OF Santa Clara)

On this 5th day of September,
2002, appeared before me in person the above-named Michael
Hogendijk and acknowledged the above to be his signature and
that he signed, sealed and delivered the above instrument as
his voluntary act and deed, and for the uses and purposes
therein set forth.



M. Hogendijk

Notary Public

My Commission expires:

June 23, 2006