

09-27-2002



102235929

Record AS of 6-24.02

Resubm

Form PTO-1595 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings $\Rightarrow \Rightarrow \Rightarrow$		RE 9/27/02 RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): Dr. Reiner Schultheiss		2. Name and address of receiving party(ies) Name: HMT High Medical Technologies AG Internal Address: _____ _____ _____ Street Address: Kreuzlingerstrasse 5 _____ City: Lengwil State: _____ Zip: CH-8574			
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____		Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Execution Date: 06/19/2002					
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) 10/176,647 B. Patent No.(s) _____ _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: HMT High Medical Technologies AG Internal Address: Mr. Steffen Strauss Patents and Trademarks _____ Street Address: Kreuzlingerstrasse 5 _____ City: Lengwil State: _____ Zip: CH-8574		6. Total number of applications and patents involved: <input type="checkbox"/> 7. Total fee (37 CFR 3.41): \$ 40 <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account			
		8. Deposit account number: _____			
DO NOT USE THIS SPACE					
9. Signature: Mr. Steffen Strauss Name of Person Signing					
		S. Strauss SS Signature		09/24/2002 Date	
Total number of pages including cover sheet, attachments, and documents: <input checked="" type="checkbox"/>					

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

09/27/2002 TDIAZ1 00000091 10176647

01 FC:581

40.00 DP

06/24/02

JCS923 U.S. PTO

07-01-2002



102139750

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Dr. Reiner Schultheiss

Title

Method and apparatus for producing shockwaves

Express Mail Label No.

7927 3249 9928

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 12]
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
5. Oath or Declaration [Total Pages]
a. ☒ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☒ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.:

Prior application information:

Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

Name	HMT High Medical Technologies AG				
	Mr. Steffen Strauss				
Address	Kreuzlingerstrasse 5				
City	Lengwil	State		Zip Code	8574
Country	Switzerland	Telephone	++41 71 6866 287	Fax	++41 71 6866 209

Name (Print/Type)	Steffen Strauss	Registration No. (Attorney/Agent)	
Signature	Steffen Strauss	Date	06/19/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

PATENT
REEL: 013325 FRAME: 0174

**ASSIGNMENT**

Know the person by these presents that:

WHEREAS I,

Dr. Reiner Schulheiss

Wilen 4

8574 Illighausen

Switzerland

has made an invention for

METHOD AND APPARATUS FOR PRODUCING SHOCK WAVES FOR MEDICAL APPLICATIONS

the specification of which claims priority to German Patent Application No. 101 30 639.3 filed June 26, 2001;

WHEREAS, HMT High Medical Technologies AG, a corporation existing under the laws of Switzerland and having a place of business at Kreuzlingerstrasse 5, 8574 Lengwil, Switzerland, for benefit of itself, its successors and assigns, all inclusively hereinafter referred to as the Assignee, is desirous of acquiring the entire right, title and interest in and to the said invention, the said application, all inventions disclosed in said application and any and all Letters Patent of the United States and of all other countries which may be granted for the said invention or inventions, or any of them;

NOW, THEREFORE, for good and valuable consideration provided by said Assignee, the receipt whereof is hereby acknowledged, I do hereby sell, assign and transfer to said Assignee the entire right, title and interest in and to said invention, inventions and application; including all priority rights arising there from, all inventions disclosed in said application, and any and all Letters Patent of the United State, and of all other countries, together with the right to apply for such Letters Patent, which may be granted for said invention, inventions or any of them,

TO HAVE HOLD AND ENJOY the said invention, the said application, and the said Letters Patent, to said

HMT High Medical Technologies AG

its successors and assigns, to its and their own use and behoof to the full end of the term or terms for which the said Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by me had this assignment and sale not been made.

AND I hereby authorize and request the Commissioner of Patents of the United States and the appropriate officers of all foreign patent offices to issue any and all Letters Patent which may be granted on said application or applications above referred to, or for said invention, or any of them, to the said Assignee in accordance with the terms of this instrument.

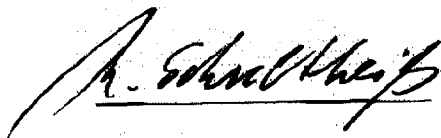
hmt

AND I hereby agree to execute and sign without further consideration any other legal document and any other assignments and any divisional, continuing, renewal, reissue or other application in and for all patents that may be appropriate and may be deemed necessary by the Assignee fully to secure to said Assignee its interest as aforesaid in and to the said invention or any part thereof and in and to the said patents or any of them.

AND I further covenant and agree that I will at any time upon request communicate to said Assignee, its successor, assigns or other legal representatives, any facts known to me relating to the said invention and any patent that may be granted thereon, and will testify as to the same in any interference or litigation when requested to do so.

AND I do hereby declare that I have not hitherto assigned or granted any license to make, use or sell invention, and that I will not henceforth purport to assign, license or execute any instrument to that effect in conflict with this assignment.

IN WITNESS WHEREOF, I have hereunto set my hands on the date below.



Dr. Reiner Schultheiss

06/19/2002

Date

Residence:

Wilen 4
CH-8574 Illighausen
SWITZERLAND

Citizenship:

German

Post Office Address:

Same as above