

10-16-2002

FORM PTO-1619A

Expires 06/30/99

OMB 0861-0071 OFFICE OF PATENT REC



102250931

U.S. Department of Commerce

Patent and Trademark Office

PATENT

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RECORDATION FORM COVER SHEET

FINANCE SECTION PATENTS ONLY

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

Submission Type

- New 10-3-02
- 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  
(For Use ONLY by U.S.)*
- Department File  Secret File

Conveying Party(ies)

Mark If additional names of conveying parties attached

- |   |   |
|---|---|
| Name (line 1) <input type="text" value="Andreas Rick"/>   | Execution Date<br>Month Day Year<br><input type="text" value="09 25 2002"/> |
| Name (line 2) <input type="text"/>                        |   |
| <i>Second Party</i>                                       |   |
| Name (line 1) <input type="text" value="Laurent Launay"/> | Execution Date<br>Month Day Year<br><input type="text" value="09 09 2002"/> |
| Name (line 2) <input type="text"/>                        |   |

Receiving Party(ies)

Mark If additional names of receiving parties attached

- |   |   |
|---|---|
| Name (line 1) <input type="text" value="GE Medical Systems Global Technology Company, LLC"/>                              | <input type="checkbox"/> 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.) |
| Name (line 2) <input type="text"/>  |   |
| Address (line 1) <input type="text" value="3000 North Grandview Boulevard"/>  |   |
| Address (line 2) <input type="text"/>   |   |
| Address (line 3) <input type="text" value="Waukesha"/> <input type="text" value="WI"/> <input type="text" value="53188"/> |   |

Domestic Representative Name and Address

Enter for the first Receiving Party only.

- |                  |   |
|------------------|---|
| Name             | <input type="text" value="Jay L. Chaskin"/>             |
| Address (line 1) | <input type="text" value="General Electric Company"/>   |
| Address (line 2) | <input type="text" value="3135 Easton Turnpike - W3C"/> |
| Address (line 3) | <input type="text" value="Fairfield, CT 06828"/>        |
| Address (line 4) | <input type="text"/>                                    |

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10/16/2002 TDIAZ1 00000028 090470 10218936  
01 FC:8021 40.00 CH

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20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0661-0027), Washington, D.C. 20603. See OMB Information Collection Budget Package 0661-0027. Patent and Trademark Assignment Practice. **DO NOT SEND REQUESTS TO RECORD ASSGNMENT 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. 20221

**Correspondent Name and Address**

Area Code and Telephone Number **203-373-2867**

**Name** Jay L. Chaskin

Address (line 1) General Electric Company

Address (line 2) 3135 Easton Turnpike - W3C

Address (line 3) Fairfield, CT 06431

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)		
10/218,936					

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 3.21): \$ **40.00**

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account of if additional fees can be charged to the account.)  
Deposit Account Number # **09-0470**  
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.

Jay L. Chaskin \_\_\_\_\_ Signature \_\_\_\_\_ Date **October 3, 2002**

Name of Person Signing

**RECORDATION FORM COVER SHEET**

FORM PTO-1619C  
Expires 06/30/99  
OMB 0861-0027

**CONTINUATION  
PATENTS ONLY**

U.S. Department of Commerce  
Patent and Trademark Office  
**PATENT**

**Conveying Party(ies)**

Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Execution Date  
Month Day Year  
09 09 2002

Name (line 1) Sebastien Gicquel

Name (line 2)

Execution Date  
Month Day Year

Name (line 1)

Name (line 2)

Execution Date  
Month Day Year

Name (line 1)

Name (line 2)

**Receiving Party(ies)**

Mark If additional names of receiving parties attached

Name (line 1)

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.)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3) City State/Country Zip Code

Name (line 1)

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.)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3) City State/Country Zip Code

**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)**

10/218,936

ASSIGNMENT

In consideration of One Dollar and other good and valuable consideration, of which I/we acknowledge receipt, I/we, Andreas Rick, Im Wietloh 26C, Schwerte, 58239 Germany and Laurent Launay, 11, Impasse de Sargis, 78470 St. Remy les Chevreuse, France and Sébastien Gicquel, 400 Cambridge Street, Cambridge, MA 02141, do hereby sell and assign to GE MEDICAL SYSTEMS GLOBAL TECHNOLOGY COMPANY, LLC, 3000 North Grandview Boulevard, Waukesha, WI 53188, hereinafter referred to as the "Company") its successors and assigns the entire right, title and interest in and to the improvements in METHOD AND APPARATUS FOR CORRECTING THE CONTRAST DENSITY OF A RADIOGRAPHY IMAGE described in the application for United States patent,  signed as of even date or  filed 08/14/2002 as Serial Number 10/218,936 together with the right to claim with respect to any and all countries the priority of French Patent Application No. 01 10924 filed August 20, 2001 and any and all applications for patent and patents therefor in any and all countries, including all divisions, reissues, continuations and extensions thereof, and all rights of priority resulting from the filing of said United States or French applications, and authorize and request any official whose duty it is to issue patents, to issue any patent on said improvements or resulting therefrom to said Company, or its successors or assigns and agree that on request and without further consideration, but at the expense of said Company, we will communicate to said Company or its representatives or nominees any facts known to us respecting said improvements and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid said Company, its successors, assigns, and nominees to obtain and enforce proper patent protection for said improvements in all countries.

In witness whereof, I/We have hereunto signed my/our name on the day indicated below in the presence of the named witnesses.

First Inventor: Andreas Rick 9/25/02  
Date

Witnesses for First Inventor:

Thorsten Grünendick Thorsten Grünendick 9/25/02  
Signature (printed name of witness) Date  
[Signature] DIRK SCHMIEDING 9/25/02  
Signature (printed name of witness) Date

Second Inventor: Laurent Launay \_\_\_\_\_  
Date

Witnesses for Second Inventor:

\_\_\_\_\_  
Signature (printed name of witness) Date  
\_\_\_\_\_  
Signature (printed name of witness) Date

Third Inventor: Sébastien Gicquel \_\_\_\_\_  
Date

Witnesses for Third Inventor:

\_\_\_\_\_  
Signature (printed name of witness) Date  
\_\_\_\_\_  
Signature (printed name of witness) Date



