

01-23-2003

S63.2-10904

Form PTO-1595  
1-31-92

U.S. DEPARTMENT OF COMMERCE  
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1

102344886  
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1-15-03

To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
**Robert Z. Obara**

2. Name and address of receiving party(ies):  
Name: **Scimed Life Systems, Inc.**

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

Internal Address:

3. Nature of Conveyance:  
 Assignment  Merger  
 Security Agreement  Change of Name  
 Other \_\_\_\_\_

Street Address: **One Scimed Place,  
Maple Grove, MN 55311**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Execution Date: 1-13-03

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

4. Application number(s) or patent number(s):

If this document is being filed with a new application, the execution date of the application is:

A. Patent Application No.(s)

B. Patent No.(s)

**10342756**

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

**James M. Urzedowski  
Vidas, Arrett & Steinkraus, P.A.  
Suite 2000, 6109 Blue Circle Drive  
Minnetonka, MN 55343-9185**

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41): **\$40<sup>00</sup>**

Enclosed  
 Authorized to be charged to deposit account

8. Deposit Account Number: **22-0350**  
(Attach duplicate 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.*

**James M. Urzedowski**

Signature

1/15/03  
Date

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U.S. PTO  
10/342756  
01/15/03

**UTILITY/DESIGN PATENT**

Docket No. **S63.2-10904**

**ASSIGNMENT**

WHEREAS, I(we), **Robert Z. Obara**  
residing at **3623 Langdon Common, Fremont, CA 94538**  
have invented and own the entire United States right, title and interest in an invention for:

**BIFURCATED STENT**

disclosed in my (our) application for United States Letter Patent filed:

- concurrently herewith
- on \_\_\_\_\_ and assigned Serial No. \_\_\_\_\_; and

I (we) hereby authorize and request any attorney of Vidas, Arrett & Steinkraus, P.A., Suite 2000, 6109 Blue Circle Drive, Minnetonka, MN 55343-9185, to insert the filing date and application number of said application above when known.

WHEREAS, **Scimed Life Systems, Inc.** ("Assignee"), a corporation organized and existing under and by virtue of the laws of the State of **Minnesota**, and having its principal place of business at **One Scimed Place, Maple Grove, MN 55311**, is desirous of acquiring the entire right, title, and interest in and to said invention, to said application for any and all countries, to any and all Letters Patent, and to any and all Design Letters Patent of any and all countries which may be granted thereon;

NOW, THEREFORE, Be It Known that for good and valuable consideration, the receipt of all of which is hereby acknowledged, I(we) hereby sell, assign, and transfer unto Assignee, its successors, and assigns, the entire right, title and interest, legal and equitable, in and to said invention, to said application for any and all countries, to any and all Letters Patent, and to any and all Design Letters Patent of any and all countries which may be granted thereon; and the Commissioner of Patents and Trademarks is hereby authorized and requested to issue all Letters Patent and all Design Letters Patent which may be granted to said invention to Assignee.

Dated: 1/13/03

First Inventor's Signature:  
First Inventor's Name:

*Robert Z. Obara*  
Robert Z. Obara

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

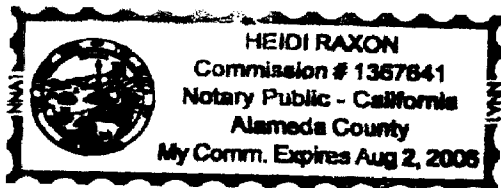
County of Alameda

} ss.

On January 13, 2003 before me, Heidi Raxon  
Date Name and Title of Officer (e.g. "Jane Doe, Notary Public")

personally appeared Robert Z. Obara  
Name(s) of Signer(s)

personally known to me  
 proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Heidi Raxon  
Signature of Notary Public

**OPTIONAL**

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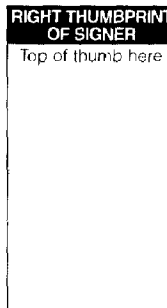
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**Capacity(ies) Claimed by Signer**

Signer's Name: \_\_\_\_\_

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