FORM PTO 1585

RECOF

2-21-03 (

03-11-2003



102386557

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof			
1. Name of conveying party(ies): Ronald D. Adams, Roy H. Sullivan and George A. Nunez Additional name(s) of conveying parties attached? □ Yes x No	2. Name and address of receiving party(ies) Name: SCIMED LIFE SYSTEMS, INC. Street Address:		
3. Nature of conveyance:	ONE SCIMED PLACE MAPLE GROVE, MINNESOTA 55311-1566		
4. Application numbers or patent numbers: this document is being filed together with a new application, the exec	ution date of the application is:		
A. Patent Applications: To be assigned Additional Numbers atta	B. Patent No.(s) ached? □ Yes ☒ No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Patrick J. Fay, Esq. Internal Address: Fay Kaplun & Marcin, LLP Street Address: 150 Broadway, STE 702 City: New York State: New York ZIP: 10038	6. Total number of applications and patents involved: 1 TITLE: INTEGRATED SURGICAL STAPLE RETAINER FOR A FULL THICKNESS RESECTIONING DEVICE		
	7. Total fee (37 C.F.R. 3.41)\$ 40.00 □ Enclosed ■ Authorized to be charged to deposit account		
	8. Deposit account number: 50-1492		
DO NOT USE T	HIS SPACE		
9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true qualcorrect	and any attached copy is a true copy of the original document.		
Patrick J. Fay, (Reg. No. 35,508) Name of Person Signing Signature Total Number of pages including cover sheet, attachments, and document: 11			
OMB No. 0651-0011 (exp. 4/94)			
Do not detach this portion Mail documents to be recorded with required cover sheet information to:			
Commissioner of Patents Box Assignments P.O. Box 2327 Arlington, VA 22202			
EXPRESS MAIL NO.: EV 151 728 538 US			

07/2003 GTCH11 00000110 501492 10371435

40.00 CH

01 FC:8021

FORM PTO-16-00 E CONTENTS OF E PORTS OF E PO	08-07- 2 001 RE(10180\825	7.3001
TO: The Commission Type	Conveyance Type	ument(s) or copy(ies).
New Resubmission (Non-Records Document ID #		☐ Security Agreement ☐ Change of Name
Correction of PTO Error	Merger	Other
☐ Reel # Frame #		U.S. Government
Corrective Document	(For Use	ONLY by U.S. Government Agencies)
Reel # Frame #	☐ Departi	mental File
Conveying Party(ies)		nes of conveying parties attached Execution Date Month Day Year
Name (line 1) Ronald D. A	Adams	04 30 2001
Name (line 2) Second Party Name (line 1) Roy H. Sull	ivan	Execution Date Month Day Year 04 17 2001
Name (line 2)		
Receiving Party Name (line 1) SCIMED LI	Mark if add FE SYSTEMS, INC.	itional names of receiving parties attached
	ation of the State of Minnesota	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic
Address (line 1) One SCIM	D Place	representative is attached. (Designation must be a
Address (line 2)		separate document from Assignment.)
Address (line 3) Maple Grov	ve Minnesota	55311-1566
	ity State/Country	Zip Code
Domestic Representative	Name and Address Enter for	the first Receiving Party only.
Name		
Address (line 1)		
Address (line 2)		
Address (line 3)		
Address (line 4)	FOR OFFICE USE ON	LY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT 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. 20231

FORM PTO-161 Expires 06/30/99 OMB 0651-0027	9B 	Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT
Correspondent	Name and Address	Area Code and Telephone Number	(202) 220-6104
Name	Charles R. Brainard		
Address (line 1)	Kenyon & Kenyon		
Address (line 2)	One Broadway		
Address (line 3)			
Address (line 4)	New York, NY 1004-10	50	
Pages	Enter the total number of including any attachmen	f pages of the attached conveyance	document # -4-
Application Nu	mber(s) or Patent Nur	nber(s)	onal numbers attached.
Enter either	the Patent Application Number o	the Patent Number (DO NOT ENTER BOTH	I numbers for the same property).
Paten	t Application Number(s)	Pa	tent Number(s)
09/835,480			
If this document is bein signed by the first name	g filed together with a <u>new</u> Paten ed executing inventor.	t Application, enter the date the patent applic	ation was Month Day Year
Patent Coopera	tion Treaty (PCT)		
Enter Po	T application number	PCT PCT	PCT
only if a	U.S. Application		
Number	as not been assigned.	PCT PCT	PCT
Number of Properties Enter the total number of properties involved. # 1			
Fee Amount	Fee Amour	nt for Properties Listed (37 CFR 3.41)	\$ 40.00
Method of Deposit Ac	count	nclosed 🔲 Deposit Account 🛭	
Enter for pay	ment by deposit account or if add	fitional fees can be charged to the account.)	,, [
	Deposit Ac	count Number:	# 11-0600
	Authorizati	on 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.			
Douglas Ringel (Re	g. No. 34,416)	Houte King	July 20, 2001
Name of Pers		Signature	Date

FORM PTO-1619A Expires 06/30/99

RECORDATION FORM COVER SHEET CONTINUATION PATENTS ONLY

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

d	
ŧ	
	2 2 2
	2

Conveying Party(ies) 🔲 Mark if add	ditional names of conveyin	g parties attached
Enter additional Conv	eying Parties		g parties attached Execution Date Month Day Year
Name (line 1) G	eorge Nunez		04 19 2001
Name (line 2)			Execution Date
			Month Day Year
Name (line 1)			
M (V 0)			
Name (line 2)			Execution Date
			Month Day Year
Name (line 1)			
Name (line 2)			7
Receiving Party(ies			
Enter additional Rece	· ——	Mark it additional names o	of receiving parties attached
Name (line 1)	rang ary(100)		Пи
Tamo (iii e 1)			If document to be recorded is an assignment and the
Nama (lina 2)			receiving party is not
Name (line 2)			domiciled in the United States, an appointment
			of a domestic
Address (line 1)			representative is attached. (Designation must be
			a separate document from
Address (line 2)			Assignment.)
Address (line 3)			
_	City St	late/Country	Zip Code
Name (line 1)			If document to be recorded
		l	is an assignment and the receiving
Name (line 2)			party is not domiciled in the United
` ' <u>L</u>			States, an appointment
Address (line 1)			of a domestic representative is attached.
7.440.000 ((Designation must be
Address (line 2)			a separate document from Assignment.)
_			
Address (line 3)	City State/Cou	untry	Zip Code
Application Number(s) or Patent Number(s) Mark if additional numbers attached			
Enter either the P	atent Application Number or the Patent Number (L	OO NOT ENTER BOTH numbe	ers for the same property).
Patent A	pplication Number(s)	Pater	nt Number(s)
1			

ASSIGNMENT

WHEREAS, We,

- 1) Ronald D. Adams;
- 2) Roy H. Sullivan; and
- 3) George Nunez

residing at

- 1) 18 Hillside Drive, Holliston, MA;
- 2) 23 Meaghan Way, Millville, MA, and
- 3) 10820 S.W. 120th Street, Miami, FI

(hereinafter also referred to as "the Assignors"); have invented new and useful improvements in INTEGRATED SURGICAL STAPLE RETAINER FOR FULL THICKNESS RESECTIONING DEVICE, for which we have made application for Letters Patent of the United States, said application being filed in the United States Patent and Trademark Office herewith; and

WHEREAS, SCIMED LIFE SYSTEMS, INC., organized and existing under and by virtue of the laws of the State of Minnesota, having an office at One SCIMED Place, Maple Grove, Minnesota 55311-1566, (hereinafter referred to as "the Assignee"), is desirous of acquiring the entire right, title and interest in and to the application and invention therein described and claimed and any Letters Patent that may be issued upon the application or for the improvements therein contained.

NOW, THEREFORE, in consideration of One U.S. Dollar (U.S. \$1.00) and other valuable consideration furnished by Assignee to me, receipt and sufficiency of which I hereby acknowledge, I hereby, without reservations:

- 1. Assign, transfer, and convey to Assignee the entire right, title, and interest in and to said inventions and discoveries, said application for Letters Patent of the United States of America, any and all other applications for Letters Patent on said inventions and discoveries in whatsoever countries, including all divisional, renewal, substitute, continuation, and Convention applications based in whole or in part upon said inventions or discoveries, or upon said applications, and any and all Letters Patent, reissues, and extensions of letters Patent granted for said inventions and discoveries or upon said applications, and every priority right that is or may be predicated upon or arise from said inventions, said discoveries, said applications, and said Letters Patent.
- 2. Authorize Assignee to file patent applications in any or all countries for any or all of said inventions and discoveries in my name or in the name of Assignee or otherwise as Assignee may deem advisable, under the International Convention or otherwise.

- 3. Authorize and request the Commissioner of Patents and Trademarks of the United States of America and the empowered officials of all other governments to issue or transfer all said Letters Patent to Assignee, as assignee of the entire right, title, and interest therein or otherwise as Assignee may direct.
- 4. Warrant that I have not knowingly conveyed to others any right in said inventions, discoveries, applications, or patents or any license to use the same or to make, use, or sell anything embodying or utilizing any of said inventions or discoveries; and that I have good right to assign the same to Assignee without encumbrance.
- 5. Bind my heirs, legal representatives, and assigns, as well as myself, to do, upon Assignee's request and at Assignee's expense, but without additional consideration to me or them, all acts reasonably serving to assure that the said inventions and discoveries, the said patent applications, and the said Letters Patent shall be held and enjoyed by Assignee as fully and entirely as the same could have been held and enjoyed by me, my heirs, legal representatives, and assigns if this assignment had not been made; and particularly to execute and deliver to Assignee all lawful application documents including petitions, specifications, and oaths, and all assignments, disclaimers, and lawful affidavits in form and substance as may be requested by Assignee; to communicate to Assignee all facts known to me relating to said inventions and discoveries or the history thereof; and to furnish Assignee with any and all documents, photographs, models, samples, and other physical exhibits in my control or in the control of my heirs, legal representatives, or assigns which may be useful for establishing the facts of my conceptions, disclosures, and reduction to practice of said inventions and discoveries.

IN TESTIMONY WHERE day of 4/30/01, 2001.	OF, I have he	ereunto set my hand and seal this
·	Ron	ald D. Adams
United States of America)	
State/Commonwealth of Massachuse	H 5) ss.:
County of <u>Middlesex</u>)	
On this 30 th day of April oi known to be the individual described in acknowledged execution of same.	_, before me n and who ex	personally came Ronald Adams , to me ecuted the foregoing instrument, and
	K	CATALLEN & Croner

Notary Public

PATENT REEL: 013815 FRAME: 0905

KATHLEEN E. CRONIN
Notary Public
Commonwealth of Massachusetts
My Commission Expires
December 27, 2007

IN TESTIMONY WHEREOF day of <u>April</u> , 2001.	, I have hereunto set my hand and seal this 17th
	Roy H. Sullivan
United States of America)
State/Commonwealth of <u>Massachusetts</u>) ss.:
County of Middlesex)
known to be the individual described in ar acknowledged execution of same. KATHLEEN E. CRONIN Notary Public Commonwealth of Massachusetts My Commission Expires December 27, 2007	Efore me personally came Roy Sullivan to me and who executed the foregoing instrument, and Kathur & Crown Notary Public F, I have hereunto set my hand and seal this
<u>-</u>	George Nunez
United States of America)
State/Commonwealth of) ss.:
County of)

day of, 2001.	r, i nave nereunto set my nand	and sear this
	Roy H. Sullivan	
United States of America)	
State/Commonwealth of) ss.:	
County of)	
On this day of, known to be the individual described in acknowledged execution of same.	pefore me personally came and who executed the foregoing	, to me instrument, and
	Notary Public	
IN TESTIMONY WHERE	F, I have hereunto set my hand	and seal this 19 th
United States of America)	
State/Commonwealth of Florid) ss.:	
County of Dade)	
OFFICIAL NOTARY SEAL CAROL MALDONADO COMMISSION NUMBER CO984476 MY COMMISSION EXPIRES DEC. 22,2004		

On this _	day of	, before me personally came	, to me
known to be the acknowledged e		cribed in and who executed the foregoing in me.	strument, and
3		,	
		Notary Public	
		INDIAIV PUDIIC	

DC 364057 v1

RECORDED: 02/21/2003