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U.S. DEPARTMENT OF COMMERCE  
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

## 1. Name of conveying party(ies):

DOBI Medical Systems, LLC

4-15-03

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

## 3. Nature of conveyance:

- ☐ Assignment ☐ Merger  
☐ Security Agreement ☒ Change of Name  
☐ Other \_\_\_\_\_

Execution Date: 1/1/03

## 2. Name and address of receiving party(ies)

Name: DOBI Medical Systems, Inc.

Internal Address: \_\_\_\_\_

Street Address: 1200 MacArthur Boulevard, 2nd Floor

City: Mahwah State: NJ Zip: 07430

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

## 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) \_\_\_\_\_

B. Patent No.(s) 5,865,167

issued 02/02/99

Additional numbers attached? ☐ Yes ☒ No

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

Name: Jerry Cohen

Internal Address: Perkins, Smith &amp; Cohen, LLP

Street Address: One Beacon Street

City: Boston State: MA Zip: 02108

## 6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

☒ Enclosed☐ Authorized to be charged to deposit account

## 8. Deposit account number:

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## 9. Signature.

Jacob N. Erlich, Reg. No. 24,338

Name of Person Signing

Signature

APR 8, 2003

Date

Total number of pages including cover sheet, attachments, and documents: 1

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents & Trademarks, Box Assignments  
Washington, D.C. 20231

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OCTOBER 30, 1999