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102463083

To the Honorable Commissioner

Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
YOSHINO, HITOSHI  
GOLDIE, FRED

2.22.03

2. Name and address of receiving party(ies)

Name: HITACHI MEDICAL CORPORATION

Address: 1-14, Uchi-kanda 1-chome, Chiyoda-ku,  
Tokyo, 101-0047, Japan☐ OtherAdditional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

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

Execution Date: January 30, and February 13, 2003.

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: January 30, and February 13, 2003.

A. Patent Application No.(s)

B. Patent Registration No.(s)

10362433

Additional number(s) attached ☐ Yes ☒ No

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

Name: Antonelli, Terry, Stout &amp; Kraus, LLP

Internal Address:

1300 North Seventeenth Street  
Suite 1800  
Arlington, VA 22209  
USA

City: State: Zip:

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:

01-2135

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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.*

Alan E. Schiavelli, Reg# 32,087

02/27/2003

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Date

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PATENT  
REEL: 014121 FRAME: 0541

# ASSIGNMENT

For good and valuable consideration, the sufficiency and receipt of which is hereby acknowledged, as a below named inventor, I hereby sell and assign to HITACHI MEDICAL CORPORATION of 1-14, Uchi-kanda 1-chome, Chiyoda-ku, Tokyo 101-0047, Japan its successors and assigns or other legal representatives all my rights, title and interest, in and for the United States of America, in and to  
MAGNET DEVICE AND MAGNETIC RESONANCE IMAGING APPARATUS USING THE SAME

invented by me (if only one is named below) or us (if plural inventors are named below) and described in the application for United States Letters Patent therefor, executed by me even date herewith, and all United States Letters Patent which may be granted therefor, and all divisions, continuations and extensions thereof, the said interest being the entire ownership of the said Letters Patent when granted, to be held and enjoyed by said HITACHI MEDICAL CORPORATION, its successors, assigns or other legal representatives, to the full end of the term for which said Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by me or us if this assignment and sale had not been made;

And I hereby agree to sign and execute any further documents or instruments which may be necessary, lawful, and proper in the prosecution of the above-named application or in the preparation and prosecution of any continuing, continuation-in-part, substitute, divisional, renewal, reviewed or reissue applications or in any amendment, extension, or interference proceedings, or otherwise to secure the title thereto in said assignee;

And I do hereby authorize and request the Commissioner of Patents to issue said Letters Patent to said HITACHI MEDICAL CORPORATION.

- |    |                         | (Full Name)  | (Signature)   |
|----|-------------------------|--|---|
| 1) | Date <u>Jan/30/2003</u> | Inventor <u>Hitoshi YOSHINO</u><br>Residence <u>3-17-30, Sakasai, Kashiwa-shi, Chiba 277-0042</u><br>Post Office Address <u>Same as above</u>  | <u>Hitoshi Yoshino</u><br>Citizenship <u>Japan</u>      |
| 2) | Date <u>13-Feb-2003</u> | Inventor <u>Fred GOLDIE</u><br>Residence <u>18 Northfield Road, Worthing, West Sussex BN13 1QW</u><br>Post Office Address <u>Same as above</u> | <u>Fred Goldie</u><br>Citizenship <u>United Kingdom</u> |
| 3) | Date _____              | Inventor _____<br>Residence _____<br>Post Office Address _____   | Citizenship _____                                       |
| 4) | Date _____              | Inventor _____<br>Residence _____<br>Post Office Address _____   | Citizenship _____                                       |
| 5) | Date _____              | Inventor _____<br>Residence _____<br>Post Office Address _____   | Citizenship _____                                       |

Witness(es)

DAVID HACKWELL All) [Signature] 2) \_\_\_\_\_ 4) \_\_\_\_\_  
1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_