

06-30-2003



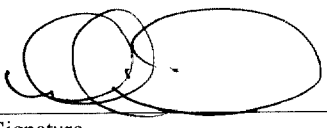
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U.S. DEPARTMENT OF COMMERCE

SHEET

Patent and Trademark Office
Docket No. 2024730-7032342001

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

1. Name of conveying party(ies): Harold F. Carrison 6-17-03 <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input type="checkbox"/> Other Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies): Name: SCIMED Life Systems, Inc. Address: One Scimed Place City: Maple Grove State: MN Zip Code: 55311-1566 Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: June 13, 2003		
4. Application number(s) or patent number(s): * 10463757 If this document is being filed with a new application, the execution date of the application is: June 17, 2003 A. Patent Application No.(s): B. Patent No.(s): Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: David T. Burse Bingham McCutchen LLP Three Embarcadero Center, Suite 1800 San Francisco, CA 94111-4067	6. Total number of applications and patents involved: 1 7. Total fee (37 C.F.R. § 3.41): \$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account, referencing Attorney Docket No. 2024730-7032342001 8. Deposit account number: 50-2518	
The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §1.21 that may be required by this paper, or to credit any overpayment to Deposit Account No. 50-2518		
DO NOT USE THIS SPACE		
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. Name: William A. English Registration No. 42,515  Signature Date: <u>June 17, 2003</u>		
Total number of pages comprising cover sheet, attachments and document: 4		
Mail documents to be recorded with required cover sheet information to: U.S. Patent and Trademark Office Office of Public Records Box Assignments Crystal Gateway 4, Room 335 Washington, D.C. 20231		

16670 U.S. PTO
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06/27/2003 ECOOPER 00000199 502518 10463757
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ASSIGNMENT OF PATENT APPLICATION

WHEREAS, I, Harold F. Carrison, a citizen of the United States (hereinafter referred to as "ASSIGNOR"), has invented and owns a certain invention entitled **APPARATUS AND METHODS FOR DELIVERING COMPOUNDS INTO VERTEBRAE FOR VERTEBROPLASTY** for which application for Letters Patent of the United States of America has been executed on even date herewith; and

WHEREAS, SCIMED Life Systems, Inc., 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 55311-1566 (hereinafter referred to as "ASSIGNEE"), is desirous of acquiring the exclusive right, title and interest in, to and under said invention and in, to and under any Patent or similar legal protection to be obtained therefor in the United States of America, its territorial possessions and in any and all countries foreign thereto.

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR hereby sells assign, transfer and set over unto the said ASSIGNEE, its successors and assigns, the full and exclusive right, title and interest to said invention and to all Letters Patent or application or similar legal protection, not only in the United States and its territorial possessions, but in all countries foreign thereto to be obtained for said invention by said application, and to any continuation, division, renewal, substitute or reissue thereof or any legal equivalent thereof in the United States or a foreign country for the full term or terms for which the same may be granted, including all priority rights under the International Convention; and ASSIGNOR hereby authorize and request the United States Commissioner of Patents and Trademarks, and any officials of foreign countries whose duty it is to issue patents or any legal

equivalent thereof, to issue said patents to ASSIGNEE, its successors and assigns, in accordance with this Assignment.

ASSIGNOR hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this Agreement;

ASSIGNOR further covenant that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said application, said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference or litigation related thereto and will promptly execute and deliver to ASSIGNEE or its legal representative any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents in the United States or in any foreign country, which may be necessary or desirable to carry out the purposes thereof.

6/13/03
Date

Harold F. Carrison
Harold F. Carrison

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Alameda

} ss.

On 6/13/03

Date

before me, Heidi Raxon, Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Harold Carrison

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

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
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