

B/O FORM PTO-1595 (Rev. 4/00) U.S. Department of Commerce
Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Commissioner for Patents. Please record the attached original documents or copies thereof.

<p>1. Name of Conveying Party(ies): <p style="text-align: center;">Dan Åkerfeldt Per Egnelöv</p> <input type="checkbox"/> Additional names of conveying parties attached.</p>	<p>2. Name and Address of Receiving Party(ies): Name: RADI Medical Systems AB Internal Address: Street Address: Palmbladsgatan 10 City, State, Zip: S-754 50 Uppsala, Sweden <input type="checkbox"/> Additional name(s) and address(es) attached.</p>
<p>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:</p> <p>Execution Date: 08/04/03; 08/11/03</p>	<p>4. (A) Patent Application Number(s): 29/187,499</p> <p>4. (B) Patent Number(s):</p>
<p>If this document is being filed together with a new application, the execution date of the application is: <input type="checkbox"/> Additional Numbers Attached.</p>	
<p>5. Name and Address of Party to whom Correspondence Concerning this Document Should be Mailed: Name: Address: 23364 Customer Number Phone: (703) 683-0500</p>	<p>Total Number of Applications and Patents Involved: 1</p> <p>7. Total Fee: (37 CFR 3.41) \$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit Account Number: 02-0200 <small>ATTACH DUPLICATE COPY OF THIS PAGE IF PAYING BY DEPOSIT ACCOUNT</small></p>
<p>DO NOT USE THIS SPACE</p>	
<p>9. Statement and Signature: <i>To the best of my knowledge and belief, the foregoing is true and correct and any attached copy is a true copy of the original document.</i> J. Ernest Kenney December 23, 2003</p>	
<p>Name of Person Signing</p>	<p>Signature Date</p>
<p>Total number of pages including cover sheet, attachments and document: 3</p>	

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DESIGN - SOLEPOINT - U.S. ONLY
(NOTARIZATION)

ASSIGNMENT (Design)

WHEREAS, we, **Dan Åkerfeldt and Per Egnelöv** whose post office address appears below, hereinafter referred to as ASSIGNOR, have invented a certain new and useful DESIGN for **DEVICE FOR DETERMINING THE POSITION ON THE BODY OF A PATIENT FOR SURGICAL PURPOSES**

(hereinafter referred to as the DESIGN) for which an application for United States Letters Patent was

executed on even date herewith

executed on:

filed on: Serial No.:

WHEREAS, **RADI Medical Systems AB**

whose post office address is **Palmbladsgatan 10, S-754 50 Uppsala, Sweden**, hereinafter referred to as ASSIGNEE, is desirous of acquiring the entire right, title and interest in and to the same in the United States;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, I (we), ASSIGNOR, by these presents do sell, assign and transfer unto said ASSIGNEE, the entire right, title, and interest in and to said DESIGN and application throughout the United States of America and in and to any and all DESIGN Patents granted on any division, continuation, continuation-in-part and reissue of said application.

ALSO, ASSIGNOR hereby agrees to execute any documents that legally may be required in connection with the filing, prosecution and maintenance of said application or any other patent application(s) in the United States for said DESIGN, including additional documents that may be required to affirm the rights of ASSIGNEE in and to said DESIGN, all without further consideration. ASSIGNOR also agrees, without further consideration and at ASSIGNEE'S expense, to identify and communicate to ASSIGNEE at ASSIGNEE'S request documents and information concerning the DESIGN that are within ASSIGNOR'S possession or control, and to provide further assurances and testimony on behalf of ASSIGNEE that lawfully may be required of ASSIGNOR in respect of the prosecution, maintenance and defense of any patent application or patent encompassed within the terms of this instrument. ASSIGNOR'S obligations under this instrument shall extend to ASSIGNOR'S heirs, executors, administrators and other legal representatives.

ALSO, ASSIGNOR hereby authorizes and requests the Commissioner for Patents to issue any and all DESIGN Patents referred to above to ASSIGNEE, as the ASSIGNEE of the entire right, title and interest in and to the same, for ASSIGNEE'S sole use and behoof; and for the use and behoof of ASSIGNEE'S legal representatives and successors, to the full end of the term for which such DESIGN Patents may be granted, as fully and entirely as the same would have been by ASSIGNOR had this assignment and sale not been made.

ASSIGNOR authorizes any member of the firm of **Bacon & Thomas, PLLC** to insert or complete any information in this document needed to effect its recordal in the U.S. Patent and Trademark Office.


Assignor Name Dan Åkerfeldt	Address Nyvå, S-755 92 Uppsala, Sweden
Where Signed <i>Uppsala</i>	Signature <i>Dan Åkerfeldt</i>
Date <i>1003-08-04</i>	(Notarization preferred but not required)
ss.	
Before me personally appeared said _____ and acknowledged this instrument to be his (her) free act and deed this _____ day of _____, 20____.	
_____ Notary Public	
My Commission Expires: _____	

Atty Dkt: AKER3001/JEK

JOINT ASSIGNMENT - WITNESS

ASSIGNMENT

Page: 2

Assignor Name Per Egnelöv	Address Nannas v 6, S-754 40 Uppsala, Sweden
Where Signed Uppsala	Signature 
Date 2003-08-11	(Notarization preferred but not required)
ss.	
Before me personally appeared said _____ and acknowledged this instrument to be his (her) free act and deed this _____ day of _____, 20____.	
_____ Notary Public	
My Commission Expires: _____	