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Form PTO-1992 U.S. DEPARTMENT OF COMMERCE Partial and Tademarks Office 1-31-92 PATENTS ONLY To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): Jan Weber; Souti Schewe, Robert Burgmeier 2. Name and address of receiving party(ies): Jan Water of Conveyance: 2. Name and address: One SciMed Place City: Maple Grove State: Matter of Conveyance: 2. Name and address: Additional name(s) of conveying party(ies) Internal Address: 3. Nature of Conveyance: 2. Name and address: One SciMed Place City: Maple Grove State: Additional name(s) of patent number(s): Internal Address: If this document is being filed with a new application, the execution date of the application is:6/27:03, 7/7/03, 7/8/03 B. Patent No.(s) 4. Application number(s) or patent number(s): 6. Total number of applications and patents involved: 7. Total fee (37 CFR 3.41): State: State: State: State: State: Vidas, Arrett & Steinkraus, P.A. State: State: State: State: State: Nterk State: State: State: State: <	21 21			
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Jan Weber; Scott Schewe, Robert Burgmeier Name: SciMed Life Systems, Inc. Additional name(s) of conveying party(ies) Internal Address: 3. Nature of Conveyance: Internal Address: Scatterity Agreement Change of Name Other Change of Name Additional name(s) or patent number(s): Merger City: Maple Grove State: Maple Grove State: MN Zip: 55311 Additional name(s) & address(es) attached? No 4. Application number(s) or patent number(s): If this document is being filed with a new application. the execution date of the application is: 6/27/03, 7/7/03, 7/8/03 B. Patent No.(s) 10 J. C22L Z J Additional numbers attached? Yes D No 5. Name and address of party to whom Orrespondence concerning document should be mailed: Total number of applications and patents involved: 7. Total fee (37 CFR 3.41): \$40.00 State: 200, 600 Blue Circle Drive Minnetonka, MN 55343-9185 B. Deposit Account Number: 22-0350 Juite 2006, 6109 Blue Circle Drive Minnetonka, MN 55343-9185 Math document. Date: 7/1/8/2000 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.<	•	emarks. Please record the attached original documents or copy thereof.	To the Honorable Commissioner of Patents and Trad	
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B Assignment □ Merger City: Maple Grove State: MN Zip: 55311 Additional name(s) & address(es) attached? □ Yes □ No A Application number(s) or patent number(s): Additional name(s) & address(es) attached? □ Yes □ No A. Application number(s) or patent number(s): fthis document is being filed with a new application. the execution date of the application is:6/27/03, 7/7/03, 7/8/03 B. Patent Application No.(s) B. Patent No.(s) 10 10 10 Additional numbers of party to whom correspondence concerning document should be nailed: 6. Total number of applications and patents involved: 7. Total fee (37 CFR 3.41): \$40.00 8 Derosit Account Number: 22-0350 Authorized to be charged to deposit account Watter J. Steinkraus Authorized to be charged to deposit account Winneonka, NN 55343-9185 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 he original document. Yoral number of pages including cover sheet, attachments, and document: Zime Yoral number of pages including cover sheet, attachments, and document: Zime Yoral number of pages including cover sheet, attachments, and document: Zime Yoral	1	Street Address: One SciMed Place	3. Nature of Conveyance:	
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PATENT REEL: 014304 FRAME: 0179

ASSIGNMENT

WHEREAS, I(we), Jan Weber; Scott Schewe; Robert Burgmeier residing at 18122 89th Place North, Maple Grove, MN 55311; 6300 Duke Lake Road, Eden Prairie, MN 55346; 2740 Garland Lane North, Plymouth, MN 55447 have invented and own the entire United States right, title and interest in an invention for:

MEDICAL DEVICES AND PROCESSES FOR PREPARING SAME

disclosed in my (our) application for United States Letter Patent filed:

- ☑ concurrently herewith
- □ on _____ and assigned Serial No. _____; and

I (we) hereby authorize and request any attorney of Vidas, Arrett & Steinkraus, P.A., Suite 2000, 6109 Blue Circle Drive, Minnetonka, MN 55343-9185, to insert the filing date and application number of said application above when known.

WHEREAS, SciMed Life Systems, Inc. ("Assignee"), 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 <u>One</u> <u>SciMed Place, Maple Grove, MN 55311</u>, is desirous of acquiring the entire right, title, and interest in and to said invention, to said application for any and all countries, to any and all Letters Patent, and to any and all Design Letters Patent of any and all countries which may be granted thereon;

NOW, THEREFORE, Be It Known that for good and valuable consideration, the receipt of all of which is hereby acknowledged, I(we) hereby sell, assign, and transfer unto Assignee, its successors, and assigns, the entire right, title and interest, legal and equitable, in and to said invention, to said application for any and all countries, to any and all Letters Patent, and to any and all Design Letters Patent of any and all countries which may be granted thereon; and the Commissioner of Patents and Trademarks is hereby authorized and requested to issue all Letters Patent and all Design Letters Patent which may be granted to said invention to Assignee.

Dated: 27 June 2000

First Inventor's Signature: First Inventor's Name:

Dated: 7 July 2003

Dated: 7/2/03

Dated:

Second Inventor's Signature: Second Inventor's Name:

Third Inventor's Signature: Third Inventor's Name:

Fourth Inventor's Signature:

Fourth Inventor's Name:

Jan Wek

Scott Schewe

Robert Burgmeier

PATENT REEL: 014304 FRAME: 0180

RECORDED: 07/18/2003