

08-04-2003

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102515036

1. Name of conveying party(ies): F. Anthony HEADLEY, Peter SHANK, Emily RUSK, John DAMARATI, and Michael ABI-KHEIRS	2. Name and address of receiving party(ies): Name: SCIMED Life System, Inc.
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Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Internal Address:
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3. Nature of conveyance:	Street Address: One Scimed Place
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<input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger	City: Maple Grove
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<input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name	State: MN	Zip Code: 55311-1566
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<input type="checkbox"/> Other:	Additional name(s) & Address(es) attached?
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Execution Date: June 19, 2003; June 20, 2003; June 19, 2003; June 26, 2003; and June 19, 2003, respectively.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

A. Patent Application Number(s): 10/439,298	B. Patent Number(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:	6. Total number of applications and registrations involved: One
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Name: Leslie I. Bookoff	7. Total fee (37 CFR 3.41): \$40
	<input checked="" type="checkbox"/> Enclosed (Please charge deficiency to deposit account)
	<input type="checkbox"/> Authorized to be charged to deposit account

Internal Address: FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER, L.L.P.	
--	--

Street Address: 1300 I Street, N.W.	
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City: Washington, D.C.	
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State: Zip: 20005-3315	8. Deposit Account No.: 06-0916
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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.

Michael W. Kim, Reg. No. 51,880		7/29/03
	Signature	Date

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

County of Montgomery)
)
State of Pennsylvania)

ss. Name: Peter Shank
Address: 550 Linden Street
Boylston, MA 01505, USA
By: *[Signature]*
Date: 6/20/03

Subscribed and sworn to before me this 20th day of June, 2003
Dennis Morrison-Wesley II, Notary Public

Notarial Seal
Dennis A. Morrison-Wesley, II, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Aug. 20, 2006
Member, Pennsylvania Association Of Notaries

County of _____)
)
State of _____)

ss. Name: Emily Rusk
Address: 480 Belmont St., #2
Watertown, MA 02472
By: _____
Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____
_____, Notary Public

County of _____)
)
State of _____)

ss. Name: John Damarati
Address: 170 Kelleher Street
Marlborough, MA 01752, USA
By: _____
Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____
_____, Notary Public

County of _____)
)
State of _____)

ss. Name: Michael Abi-Kheirs
Address: 37 Merrymount Road
Weymouth, MA 02190
By: _____
Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____
_____, Notary Public

County of _____)
)
State of _____)

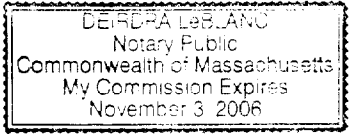
Name: Peter Shank
Address: 550 Linden Street
 Boylston, MA 01505, USA
By: _____
Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____
_____, Notary Public

County of Middlesex)
)
State of MA)

Name: Emily Rusk
Address: 480 Belmont St., #2
 Watertown, MA 02472
By: Emily Rusk
Date: 6/19/03

Subscribed and sworn to before me this 19 day of June, 2003
_____, Notary Public



County of Middlesex)
)
State of MA)

Name: John Damarati
Address: 170 Kelleher Street
 Marlborough, MA 01752, USA
By: John J. Damarati
Date: 6/26/03

Subscribed and sworn to before me this 20 day of June, 2003
_____, Notary Public

County of Middlesex)
)
State of MA)

Name: Michael Abi-Kheirs
Address: 37 Merrymount Road
 Weymouth, MA 02190
By: Michael Abi-Kheirs
Date: 6/19/03

Subscribed and sworn to before me this 19 day of June, 2003
_____, Notary Public

