

FORM PTO-1595

(Rev. 6-93)

OMB No. 0651-0011 (exp. 4/94)

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1. Name of conveying party(ies):

Siemens AktiengesellschaftAdditional name(s) of conveying party(ies) attached? ___ Yes No

3. Nature of conveyance:

 Assignment ___ Merger
 ___ Security Agreement ___ Change of Name
 ___ Other
Execution Date: February 2, 2004

2. Name and address of receiving party(ies)

Name: Maguet Critical Care AB

Internal Address:

Street Address: Rontgenvagen 2SE - 171 95 SolnaSweden

City: _____ State: _____ ZIP: _____

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:

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ___ Yes No**D360027**

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

Name: Elsa Keller

Internal Address:

Siemens CorporationIntellectual Property DepartmentStreet Address: 186 Wood Avenue SouthCity: Iselin State: NJ ZIP: 088306. Total number of applications and patents involved: one7. Total Fee (37 CFR 3.41) \$ 40.00

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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.

Alexander J. Burke, Reg. No: 40,425

Name of Person Signing



Signature

4-19-04

Date

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

1. Name of conveying party(ies):
Siemens Aktiengesellschaft

2. Name and address of receiving party(ies)
Name: **Maquet Critical Care AB**

Internal Address:

Additional name(s) of conveying party(ies) attached? ___ Yes No

Street Address: **Rontgenvagen 2**

3. Nature of conveyance:
 Assignment ___ Merger
___ Security Agreement ___ Change of Name
___ Other

SE - 171 95 Solna

Sweden

City: _____ State: _____ ZIP:

Execution Date: **February 2, 2004**

Additional name(s) & address(es) attached? ___ Yes No

4. Application number(s) or patent number(s):

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A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ___ Yes No

360027

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

Name: **Elsa Keller**

Internal Address:

Siemens Corporation

Intellectual Property Department

Street Address: **186 Wood Avenue South**

City: **Iselin** State: **NJ** ZIP: **08830**

6. Total number of applications and patents involved: **one**

7. Total Fee (37 CFR 3.41) \$ **40.00**

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Alexander J. Burke, Reg. No: 40,425

Alexander Burke
Signature

30 March 2004
Date

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: **2**

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ASSIGNMENT

For a good and valuable consideration, the undersigned

**Siemens Aktiengesellschaft
Wittelsbacherplatz 2**

**80333 München
Germany**

hereby sell, assign and transfer to

**Maquet Critical Care AB
Röntgenvägen 2**

**SE-171 95 Solna
Sweden**

and to its successors, assigns and legal representatives, the entire right, title and interest in and to the said Design Patent:

<u>Design Patent No.</u>	<u>Date of Design Patent</u>
360027	07/04/1995

Date: 02/02/2004

Siemens Aktiengesellschaft

i.v. Milzarek
Milzarek
Authorized Officer

i.v. Mausolf
Mausolf
Authorized Officer