

Docket No. 1066-002US01/P-11460.00

FORM PTO-1595
(Rev. 6-93)
OMB No. 0651-0011 (exp. 4/94)

RECORDATION FORM COVER SHEET
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Name of conveying party(ies): James P. Amis	Execution Date (Month/Day/Year) 05/06/04	Name and address of receiving party(ies): Medtronic, Inc. 710 Medtronic Parkway Minneapolis, MN 55432-5604
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Security Agreement <input type="checkbox"/> Other:	Submission Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission (Non-Recordation): Document ID # <input type="checkbox"/> Correction of PTO Error: Reel # ___ Frame # <input type="checkbox"/> Corrective Document: Reel # ___ Frame #
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This document is being filed with a new patent application on ____.

This document is to be recorded against the following patent application or patent:

Patent Application No.(s)	Patent No.(s)
09/954,611	

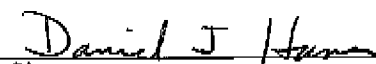
Additional numbers attached? Yes No

Name and address of party to whom correspondence concerning document should be mailed: Name: Daniel J. Hanson Address: Shumaker & Sieffert, P.A. 8425 Seasons Parkway, Suite 105 St. Paul, MN 55125	Total number of applications and patents involved: 1 Total fee (37 CFR 3.41): \$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account Please charge any additional fees or credit any overpayments to our Deposit account number: 50-1778
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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.

Daniel J. Hanson Name of Person Signing Reg. No. 46,757	 Signature	May 10, 2004 Date
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CH \$40.00 501778 09954611

Attorney Docket No.: 1066-002US01/P-11460.00

ASSIGNMENT

For valuable consideration, I, James P. Amis of 1410 Elva Terrace, Encinitas, CA 92024, hereby assign to: Medtronic, Inc., having a place of business at: 710 Medtronic Parkway, Minneapolis, MN 55432-5604; and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are the subject of an application for United States Patent signed by me, entitled CRANIAL FLAP FIXATION DEVICE, filed September 17, 2001, and assigned U.S. Serial Number 09/954,611, this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, including any and all extensions, divisions, continuations, continuations-in-part or reissues thereof, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

Date: May 06, 2004

JPA
James P. Amis

State of California }
County of San Diego } ss:

On this 6 day of May, 2004, before me, Lisa Chicorka, Notary Public, personally appeared James P. Amis personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal.

Lisa Chicorka
Signature of Notary Public
My Commission Expires: