2 273, 1000	U.S. DEPARTMENT OF COMI U.S. Patent and Tradema	
Tab settings	2605190 V	
	ks: Please record the attached original documents or copy thereof.	
1. Name of conveying party(ies): //-/7-03 John A. Macoviak	Name and address of receiving party(ies) Name: _Ample Medical, Inc.	
	Internal Address:	
Additional name(s) of conveying party(ies) attached? Yes No	0	
3. Nature of conveyance:		
Assignment Merger	1155 Chass Drive Suite 104	
Security Agreement Change of Name	Street Address: 1155 Chess Drive, Suite 104	
Other		
	City: Foster City State: CA Zip: 94404	
11/06/2003 Execution Date:		
4. Application number(s) or patent number(s):	Additional name(s) & address(es) attached? Yes	
• • • • • • • • • • • • • • • • • • • •	plication, the execution date of the application is:	
A. Patent Application No.(s) 09/666,617	B. Patent No.(s)	
*		
Additional numbers		
5. Name and address of party to whom correspondence		
Name and address of party to whom correspondence concerning document should be mailed:		
 Name and address of party to whom correspondence concerning document should be mailed: Name: Daniel D. Ryan 	6. Total number of applications and patents involved 7. Total fee (37 CFR 3.41)\$40.00	
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5. Name and address of party to whom correspondence concerning document should be mailed: Name:Daniel D. Ryan RYAN KROMHOLZ & MANION, S. Internal Address:	6. Total number of applications and patents involve 7. Total fee (37 CFR 3.41)\$ 40.00	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Daniel D. Ryan RYAN KROMHOLZ & MANION, S. Internal Address:	6. Total number of applications and patents involve 7. Total fee (37 CFR 3.41)\$ Enclosed Authorized to be charged to deposit account 8. Deposit account number:	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Daniel D. Ryan RYAN KROMHOLZ & MANION, S. Internal Address: P.O. Box 26618 Street Address: P.O. Box 26618	6. Total number of applications and patents involve 7. Total fee (37 CFR 3.41)	
5. Name and address of party to whom correspondence concerning document should be mailed: Name:Daniel D. Ryan RYAN KROMHOLZ & MANION, S. Internal Address:	6. Total number of applications and patents involve 7. Total fee (37 CFR 3.41)\$ Enclosed Authorized to be charged to deposit account 8. Deposit account number:	

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

Mail documents to be recorded with required cover sheet information to:

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Washington, D.C. 20231

Signature

Name of Person Signing

Date

ASSIGNMENT

In consideration of value received and other good and valuable considerations, receipt of which is acknowledged, I, John A. Macoviak ("Assignor"), being the lawful owner, hereby sells and assigns to Ample Medical, Inc. (Assignee), having a present business address at 1155 Chess Drive, Suite 104, Foster City, California 94404, its successors and assigns, the entire right, title and interest throughout the world in my inventions identified on Schedule A appended hereto, effective as of the date each respective invention arose, and in and to all applications for patent and patents for said invention, in all countries of the world, including all divisions, reissues, continuations, substitutions and extension thereof and all rights arising under or pursuant to any and all international agreements, treaties or laws relating to the protection of industrial property, including rights of priority, resulting from the filing of any of said applications; and we each authorize and request any official whose duty it is to issue patents, to issue any patent on said invention or resulting therefrom to said Assignee, and I agree that on request and without further consideration, but at the expense of said Assignee, I will communicate to said Assignee or its representative all facts known to me respecting said invention and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuing, reissue, or other applications, make all rightful oaths and declarations, and generally do everything possible to aid said Assignee to obtain and enforce proper patent protection for said invention in all countries.

Date Novamber 6 2	03 July AMa	evin
	John A. Macoviak	
	Residential Address:	Good LAUR
	Con Jolla, C/	1 92037
STATE OF CALIFORNIA	_)	
	:SS	
COUNTY OF SAN MATEO)	

Personally came before me this <u>6</u> day of <u>November</u>, 20<u>63</u> the above named **John A. Macoviak**, personally known to me to be the person who signed the above document, who acknowledged the same as his own free act and deed.

KYUNG SAM HONG
Comm. #1316052
NOTARY PUBLIC - CALIFORNIA
San Mateo County
My Comm. Expires August 29, 2005

Notary Public

My Commission Expires: Ali6 2 9 2005

SCHEDULE A

Current Attorney Docket Number	Serial No.	Filing Date	Title
9542.18424	09/666,617	September 20, 2000	Heart Valve Annulus
			Device and Method of
			Using Same

RECORDED: 11/17/2003