

01-09-2004

DO NOT USE FOR TRADEMARKS



ILY

TO THE ASSISTANT COMMISSIONER  
SIR: PLEASE RECORD THE ATTACHE.

102645650

:REOF.

1. NAME OF CONVEYING PARTY(IES) (ASSIGNORS(S)):

1. **Sanjay KAUL**2. **Prediman K. SHAH**ADDITIONAL NAME(S) OF CONVEYING PARTY(IES) ATTACHED? ☐ YES ☒ NO

2. PARTY(IES) (ASSIGNEE(S)) RECEIVING INTEREST:

NAME: **CEDARS-SINAI MEDICAL CENTER**

ADDRESS: 8700 Beverly Boulevard, Los Angeles, CA 90048

ADDITIONAL NAME(S) & ADDRESS(ES) ATTACHED? ☐ YES ☒ NO

3. NATURE OF CONVEYANCE (DOCUMENT):

(Submit herewith only one document for recordation—multiple copies of same Assignment signed by different inventors is one document)
☒ ASSIGNMENT OF ☒ WHOLE ☐ PART INTEREST  
☐ ORIGINAL ☐ FACSIMILE/PHOTOCOPY  
☐ CHANGE OF NAME ☐ VERIFIED TRANSLATION  
☐ SECURITY ☐ MERGER ☐ OTHER:

EXEC. DATE: July 6, 2001

EXECUTION DATE(S) ON THE DECLARATION IF FILED HEREWITH: (NOTE: IF DATES ON DECLARATION AND ASSIGNMENT DIFFER SEE ATTY!)

4.5 APPL. NO.(S) OR PAT NO.(S). OTHERS ON ADDITIONAL SHEET(S) attached? ☐ YES ☐ NO

A. PAT. APP. NO.(S) series code/serial no	M#	1* INVENTOR if not in item 1	B. PATENT NO(S)	M#	1* INVENTOR if not in item 1
10 146 958	307223				

5. Name & Address of Party to Whom Correspondence  
Concerning Document Should be Mailed:
**Pillsbury Winthrop LLP**  
**Intellectual Property Group**  
 725 South Figueroa Street, Suite 2800  
 Los Angeles, CA 90017-5406

6. NUMBER INVOLVED:

APPLNS 1 + PATS 0 = TOTAL = 1

7. AMOUNT OF FEE DUE: (Code 581)

ABOVE TOTAL x \$40 = \$40

5.5 ATTY DKT:

P 0307223

KAUL et al.

8. PLEASE CHARGE TO OUR DEPOSIT ACCOUNT

NUMBER: 16-1805

UNDER ORDER NO

81476

307223

MATTER NO.

CLIENT REF.

dup. sheet not required

CLIENT NO.

MATTER NO.

9. 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.

10. Total number of pages including this  
cover sheet, attachments and document  
(do not file dup. Cover sheet)

5

Attorney: Seth D. LevyReg. No. 44,869Atty/Sec: SDL/SJB

TEL: (213) 488-7131

Date: December 24, 2003

FAX: (213) 629-1033

FILE WITH PTO RETURN RECEIPT (PAT-103A)

12/06/2004 STEUMEL1 00000021 10746958

12/06/2004

40.00 DP

204804\*1\_3.DOC

**PATENT** PAT-114X 5/02  
**REEL: 014854 FRAME: 0754**

## ASSIGNMENT

Attorney Docket No. 81476-255384

(1-8) Insert Name(s) of  
Inventor(s)

(1) Sanjay Kaul (5)

(2) Prediman K. Shah (6)

(3) (7)

(4) (8)

In consideration of the sum of one dollar (\$1.00) and other good and valuable considerations paid to each of the undersigned, the undersigned agree(s) to assign, and hereby does assign, transfer and set over to

(9) Insert name of  
Assignee

(9) Cedars-Sinai Medical Center

(10) Insert state of  
Incorporation of Assignee

(10) California/USA

(11) Insert Address of  
Assignee

(11) of 8700 Beverly Boulevard, Room 2118, Los Angeles, CA 90048

(hereinafter designated as the Assignee) the entire worldwide right, title and interest in the invention known as

(12) Insert identification of  
Invention, such as Title,  
Case Number or Foreign  
Application Number

(12) PREVENTION OF IN-STENT THROMBOSIS AND COMPLICATIONS AFTER ARTERIAL ANGIOPLASTY WITH STENT PLACEMENT USING MAGNESIUM

(Case No. 81476-255384)

for which the undersigned has (have) executed an application for patent in the United States of America

(13) Insert Date of  
Signing of Application

(13) on July 6, 2001

1) The undersigned agree(s) to execute all papers necessary in connection with an application in each of the countries of Schedule A and any continuing or divisional applications thereof and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

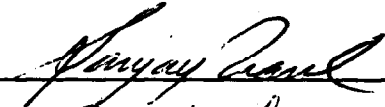
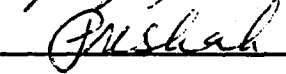
2) The undersigned agree(s) to execute all papers necessary in connection with any interference which may be declared concerning this application or continuation

or division thereof and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with such interference.

3) The undersigned agree(s) to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

4) The undersigned agree(s) to perform all affirmative acts which may be necessary to obtain a grant of a valid United States patent to the Assignee.

5) The undersigned hereby authorize(s) and request(s) the Commissioner of Patents to issue any and all Letters Patents of the United States resulting from said application or any division or divisions or continuing applications thereof to the said Assignee, as Assignee of the entire interest, and hereby covenants that he has (they have) full right to convey the entire interest herein assigned, and that he has (they have) full right to convey the entire interest herein assigned, and that he has (they have) not execute, any agreement in conflict herewith.

Date: <u>July 6, 2001</u>	Signature of Inventor <u></u>
Date: <u>July 6, 2001</u>	Signature of Inventor <u></u>
Date: _____	Signature of Inventor _____
Date: _____	Signature of Inventor _____

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

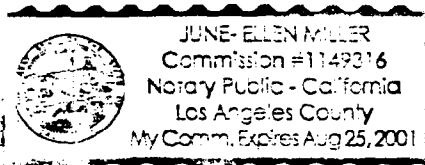
State of California

County of Los Angeles

On July 6, 2001 before me, June-Elleen Miller  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Prediman K. Shah, M.D.  
Name(s) of Signer(s)

☒ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

June-Elleen Miller  
Signature of Notary Public

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer  
Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney-in-Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer Is Representing:  
\_\_\_\_\_  
\_\_\_\_\_

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer  
Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney-in-Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

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Signer Is Representing:  
\_\_\_\_\_  
\_\_\_\_\_

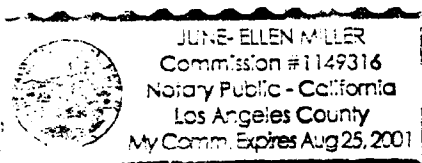
# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles

On July 6, 2001 before me, June-Ellen Miller,  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Sanjay Kaul, M.D.  
Name(s) of Signer(s)

~~Personally known to me~~ - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

June-Ellen Miller  
Signature of Notary Public

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☐ Corporate Officer  
Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney-in-Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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OF SIGNER  
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☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

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RIGHT THUMBPRINT  
OF SIGNER  
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