

3/1/04

FORM PTO-1595 (Modified)
(Rev. 03-01)
OMB No. 0651-0027 (exp. 5/31/2002)
P08/REV03

03-03-2004



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1. Name of conveying party(ies):
Meadox Medicals, Inc.
Boston Scientific Technology, Inc.

Additional names(s) of conveying party(ies) Yes No

3. Nature of conveyance:

- Assignment Merger
- Security Agreement Change of Name
- Other Transfer of Ownership

Execution Date: **February 19, 2004**

2. Name and address of receiving party(ies):

Name: **SCIMED Life Systems, Inc.**

Internal Address: **One Scimed Place**

Street Address: **Same as above**

City: **Maple Grove** State: **MN** ZIP: **55311**

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

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

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s)

10/437,711

B. Patent No.(s)

Additional numbers attached? Yes No

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

Name: **Daniel A. Scola, Jr.**

Internal Address: **HOFFMANN & BARON, LLP**

6900 Jericho Turnpike

Street Address: **Same as above**

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City: **Syosset** State: **NY** ZIP: **11791**

6. Total number of applications and patents involved: **1**

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

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PATENT

REEL: 015015 FRAME: 0675

Attorney's Docket No.: 760-67 DIV/CON2/RCE/CON3
(Client Ref. No.: 97-P0334-07 US)
(U.S. 10/437,711, Filed May 14, 2003)

PATENT

For: U.S. and/or Foreign Rights
For: U.S. Application;
 U.S. Provisional Application;
 U.S. Patent; or
 PCT Application
By: Inventors or Present Owners

TRANSFER OF OWNERSHIP OF INVENTION

TRANSFEROR:

Meadox Medicals, Inc.
Name
112 Bauer Drive
Address
Oakland, New Jersey 07436
USA
Nationality

(If assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO add the following)

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Frame 0885

who has transferred through intercompany consolidation agreement(s), including merger(s):

TRANSFEROR:

Boston Scientific Technology, Inc.
Name
One Scimed Place
Address
Maple Grove, Minnesota 55311-1566
USA
Nationality

who has transferred through intercompany consolidation agreement(s), including merger(s):

TRANSFEREE:

SCIMED Life Systems, Inc.

Name

One Scimed Place

Address

Maple Grove, Minnesota 55311-1566

USA

Nationality

and the successors, assigns and legal representatives of the TRANSFEREE,

(complete one of the following)

- the entire right, title and interest
 an undivided _____ percent (_____%) interest

for the United States and its territorial possessions

- and in all foreign countries, including all rights to claim priority,

in and to any and all improvements which are disclosed in the invention entitled:

SHAPED WOVEN TUBULAR SOFT-TISSUE PROSTHESIS AND METHOD OF MANUFACTURING THE SAME

and which is found in

(check and complete (a), (b), (c), (d), (e), (f), or (g))

- (a) U.S. patent application executed on even date herewith
(b) U.S. patent application executed on _____
(c) U.S. provisional application naming the above inventor(s) for the above-identified invention.
 Express Mail label No.: _____, mailed: _____
 To comply with 37 CFR 3.21 for recordal of this assignment, I, an TRANSFEROR signing below, hereby authorize and request my attorney to insert below the filing date and application number when they become known
(d) U.S. application Serial No. 10/437,711 filed on May 14, 2003
(e) International application No. PCT/_____/_____
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 A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.
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and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, division, renewal, or substitute thereof, and as to Letters Patent any re-issue or re-examination thereof.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal this

WARNING: Date of signing must be the same as the date of execution of the application if item (a) was checked above.

Date: 2/19/04
Date of signing

Steven A. McAuley
Steven A. McAuley
Patent Counsel