

FORM PTO-1595 (Modified)
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POB/REV03

03-04-2004



Docket No.: 760-67

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

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To the Honorable Director of the United States F

102684939

... record the attached original documents or copy thereof.

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

3/1/04

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

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

Internal Address: **One Scimed Place**

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

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☒ Other **Transfer of Ownership**

Street Address: **Same as above**

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

Execution Date: **February 17, 2004**

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)

B. Patent No.(s)

5,800,514

Additional numbers attached? ☐ Yes ☒ No

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**

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

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

☒ Enclosed - Any excess or insufficiency should be credited or debited to deposit account

☐ Authorized to be charged to deposit account

8. Deposit account number:

08-2461

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

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9. Statement and signature.

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.

John S. Sopko

February 26, 2004

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and document: **4**

Mail documents to be recorded with required cover sheet information to:
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PATENT
REEL: 015027 FRAME: 0547

Attorney's Docket No.: 760-67
(Client Ref. No.: 97-P0334-01 US)
(U.S. 5,800,514, Issued September 1, 1998)

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)

Recorded on 09/04/1997

Reel 8789
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. _____ filed on _____
(e) ☐ International application No. PCT/_____/_____
(f) ☒ U.S. Patent No. **5,800,514** issued **September 1, 1998**.
☐ A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.
(g) ☐ and any legal equivalent thereof in a foreign country, including the right to claim priority

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.

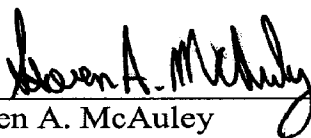
Date:

X

2/17/04

Date of signing

X



Steven A. McAuley
Patent Counsel