


Substitute Form PTO-1595  
 Attorney Docket No.: 10527-519001  
 Client's Ref. No.: 03-267

## RECORDATION FORM COVER SHEET PATENTS ONLY

**DOCUMENT ID NO.: 700102541**

Commissioner for Patents: Please record the attached original document(s) or copy(ies).	
1. Name of conveying party(ies): <b>Greg Olson</b> Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): <b>Scimed Life Systems, Inc.</b> <b>One SciMed Place</b> <b>Maple Grove, MN 55311-1566</b> Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: <b>4/29/2004</b>	
4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: A. Patent Application No(s): <b>10/838,540</b> B. Patent No(s):  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name/address of party to whom correspondence concerning document should be mailed: <b>TU N. NGUYEN</b> <b>Fish &amp; Richardson P.C.</b> <b>225 Franklin Street</b> <b>Boston, MA 02110-2804</b>	6. Total number of applications/patents involved: <b>1</b> 7. Total fee (37 CFR §3.41): <b>\$40</b> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to charge Deposit Account. 8. Deposit Account No.: <b>06-1050</b> Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050.
<b>DO NOT USE THIS SPACE</b>	
9. Statement and Signature: <i>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.</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>Tu N. Nguyen</b>  <b>Reg. No. 42,934</b>            Name of Person Signing         </div> <div style="width: 30%; text-align: center;">             Signature         </div> <div style="width: 30%; text-align: center;"> <b>August 2, 2004</b>            Date         </div> </div>	
Total number of pages including coversheet, attachments and document: <b>4</b>	

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**CERTIFICATE OF TRANSMISSION BY FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Trademark Office on the date indicated below.

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ASSIGNMENT


For valuable consideration, I, GREG OLSON of 18004 Kent Street, N.W., Elk River, MN 55330, hereby assign to: Scimed Life Systems, Inc., a corporation of Minnesota having a place of business at:

One SciMed Place  
Maple Grove, MN 55311-1566; 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 subject of an application for United States Patent signed by us, entitled MEDICAL DEVICES, filed 5/4/04, and assigned U.S. Serial Number 10/838,540, and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; 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, 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.

Attorney Docket No: 10527-519001/03-267

IN WITNESS WHEREOF, I hereto set my hand and seal at Maple Grove, MN,  
this 29<sup>th</sup> day of April, 2004

 L.S.  
GREG OLSON

State of Minnesota :

: ss.

County of Hennepin :

Before me this 29<sup>th</sup> day of April, 2004, personally  
appeared GREG OLSON known to me to be the person whose name is subscribed to the  
foregoing Assignment and acknowledged that he executed the same as his free act and deed for  
the purposes therein contained.



  
Notary Public

My Commission Expires: Jan 31, 2005

[Notary's Seal Here]

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