

RECC

04-05-2004

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Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

David Michael Hoffman

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

2. Name and address of receiving party(ies)

Name: GE Medical Systems Global Technology Company, LLC

Internal Address:

Street Address: 3000 North Grandview Boulevard

City: Waukesha State: WI ZIP: 53188

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

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other

Execution Date: February 18, 2004

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

10812152

If this document is being filed together with a new application, the execution date of the application is: February 18, 2004

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Dean D. Small

Internal Address: Armstrong Teasdale, LLP.

Street Address: One Metropolitan Sq. Suite 2600

City: St. Louis State: MO ZIP: 63102

6. Total number of applications and patents involved: 1

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

- ☐ Enclosed
☒ Authorized to be charged to deposit account

8. Deposit account number:

01-2384

(Attach duplicate copy of this page if paying by deposit account)

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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.

William J. Zychlewicz

Name of Person Signing

Signature

March 29, 2004

Date

04/02/2004 6TON11 00000108 012384 10812152

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Total number of pages including cover sheet, attachments, and document: 3


Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

PATENT
REEL: 015160 FRAME: 0285

ASSIGNMENT	Attorney Docket No. 126919
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In accordance with obligations entered into pursuant to an Employee Innovation and Proprietary Information Agreement or other agreement and/or goods and valuable consideration, of which I acknowledge receipt, I, **DAVID MICHAEL HOFFMAN** of **13311 West Sunnyview Drive, New Berlin, Wisconsin 53151**, sell and assign to **GE MEDICAL SYSTEMS GLOBAL TECHNOLOGY COMPANY, LLC, 3000 North Grandview Boulevard, Waukesha, Wisconsin 53188**, a Delaware Limited Liability Company, its successors and assigns, my entire respective right, title and interest in and to the invention and improvements invented and originated by me and as described in the application for United States Patent currently entitled **METHODS AND SYSTEMS FOR MULTI-MODALITY IMAGING**, Docket No. **126919**, signed as of even date, and any and all applications for patent and patents therefrom in any and all countries, including all divisions, continuations, reexaminations and reissues thereof, and all rights of priority resulting from the filing of said United States application, and authorize and request any official whose duty it is to issue patents, to issue any patent on said inventions and improvements or resulting therefrom to said Company, or its successors or assigns and agree that on request and without further consideration, but at the expense of said Company, I will communicate to said Company or its representatives or nominees any facts known to me respecting said inventions and improvements and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuation, reexamination and reissue applications, make all rightful oaths and generally do everything possible to aid said Company, its successors, assigns, and nominees to obtain and enforce proper patent protection for said invention and its improvements in all countries.

Signed at ^{County} ~~town~~ of Waukesha, State of Wisconsin,
 this 18 day of February, 2004


 DAVID M. HOFFMAN

ASSIGNMENT

Attorney Docket No.

126919

Witnessed by:

Witness Signature and Date

Printed Name of Witness

Witness Signature and Date

Printed Name of Witness

STATE OF Wisconsin
COUNTY OF WAUKESHA ss.

This 18 day of February, 2004, before me personally came the above-named David Hoffman, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he executed the same of his own free will for the purposes therein set forth.

[Signature]
Notary Public

My Commission Expires: 11-4-2007

(Seal)