Attorney	Docket No.	PHOTP005
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		Docume	nt ID No. 700122739
Form PTO-1595 (Rev. 10-02)	Recordation For PATENT	m Cover Sheet	U.S. Department of Commerce U.S. Patent and Trademark Office
Tab settings ➡ ➡ 🔻 🔻	oner of Patents and Trademarks.	Disease sector the etterhad origin	ingl deguments or conv thereof
To the Honorable Commissi 1. Name of conveying party(les):	oner of Patents and Trademarks.	2. Name and address of re	aceiving party(ies)
Mohamed Elmandjra William O'Keefe		Name: ViOptix, Inc.	
Jian Min Mao		Internal Address:	
Robin Bush			
Linda Christenson			
Additional name(s) of conveying party(ies)	attached? 🛄 Yes 🔀 No.	4	
Nature of conveyance:			
🛛 Assignment	Merger	Street Address: <u>44061-</u>	B Old Warm Springs Blvd.
	— –		
Security Agreement	Change of Name	City: Fremont	_State: CAZIP: 94538
Other:			
· · · · · · · · · · · · · · · · · · ·			
		Additional name(s) & addre	ess(es) attached? 🔲 Yes 🖾 No
Execution Date: 09/02/2004, 09/07/20	<u>004, 0902/2004, 09/03/2004,</u>		
09/08/2004			
4. Application number(s) or patent nu	mber(s).		
if this document is being filed toge	ther with a new application th	e execution date of the appli	cation is:
I this document is being ned toge	шег мыга төм аррисацой, ш		
A. Patent Application No(s):	10/838,142	B. Patent No(s):	
	,,		
	Additional numbers atta	iched? 🔲 Yes 🗌 No	
		-f	tions and patents involved 1
 Name and address of party to wh concerning document should be it 	mailed:	0, total instruction applied	
-			
Name: Michael J. Ritter RITTER, LANG & KAPLAN		7, Total fee (37 CFR 3.41)	;\$40.00
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Saratoga, California 95070		· · · · · · · · · · · · · · · · · · ·	
(408) 446-8690			pe charged to deposit account
		8. Deposit account numbe	a: 0V-1002
		(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 informat	ion is true and correct and ar	ny attached copy
is a true of copy of the original do	cument.		
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Adiabaat L Dittar	$(N\Omega \Lambda)$	Vierto	October 13, 2004
Michael J. Ritter Name of Person Sig	$\lim_{n \to \infty} \frac{\sqrt{f + 4 + 2n}}{\sqrt{2}}$	Signature/	Date
Atty. Reg. No. 36,0		- //	
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(Not Accompanying Application)

Whereas I/we the undersigned inventor(s) have invented certain new and useful improvements as set forth in the patent application entitled:

DIAGNOSIS OF PERIPHERAL VASCULAR DISEASE USING OXYGEN SATURATION

for which I (we) have executed an application for a United States Letters Patent which was filed in the U.S. Patent and Trademark Office on May 3, 2004, and which bears the Application No. 10/838.142.

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/We the undersigned inventor(s) hereby:

1) Sell(s), assign(s) and transfer(s) to ViOptix Inc., a Delaware corporation having a place of business at 44061-B Old Warm Springs Blvd., Fremont, CA 94538, (hereinafter referred to as ("ASSIGNEE"), the entire right title and interest in any and all improvements and inventions disclosed in, application(s) based upon, and Patent(s) (including foreign patents) granted upon the information which is disclosed in the above referenced application.

Authorize and request the Commissioner of Patents to issue any and all Letters Patents 2) resulting from said application or any division(s), continuation(s), substitutes(s) or reissue(s) thereof to the ASSIGNEE.

Agree to execute all papers and documents and, entirely at the ASSIGNEE's expense, 3) perform any acts which are reasonably necessary in connection with the prosecution of said application, as well as any derivative applications thereof, foreign applications based thereon, and/or the enforcement of patents resulting from such applications.

Agree that the terms, covenants and conditions of this assignment shall inure to the 4) benefit of the Assignee, its successors, assigns and other legal representative, and shall be binding upon the inventor(s), as well as the inventor's heirs, legal representatives and assigns. Warrant and represent that I/we have not entered, and will not enter into any assignment, 5) contract, or understanding that conflicts with this assignment.

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	Signed on the date(s) indicated beside	e my (our) signature(s).
1)	Signature: MOHAMEDELMA	Date: <u>9/2/04</u>
	State of	
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	County of)	(,)/
	Before me personally appeared said and acknowledged the foregoing is day of	nstrument to be his/her free act and deed this
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Atty D	okt. No. PHOTP005	PATENT
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2)	Signature:			Date:	
-	Typed Name:	WILLIAM O'KEEFE			
	County c) of)	(notary)SS:		
	and ackn	e personally appeared said owledged the foregoing instru day of	ument to be his/he	r free act	and deed this
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3)	Signature: Typed Name:	J. Maro JIAN MIN MAQ	******	Date:	<u>Sep. 2, 2004</u>
) f)	(notary) SS:		
	Before me and ackn	e personally appeared said owledged the foregoing instru day of	ument to be his/he , 2003.	r free act	and deed this
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4)	Signature: Typed Name:	ROBIN BUSH	*********	Date:	*******
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Atty D	kt. No. PHOŤP005				

5)	Signature: Typed Name:	LINDA CHRISTENSON		Date:
	County c) f)	(notary)SS:	
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contract, or understanding that conflicts with this assignment.

Signed on the date(s) indicated beside my (our) signature(s).

1)	Signature:		D	ate:
	Typed Name:	MOHAMED ELM	ANDJRA	•
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	County o	of)	(notary)SS:	
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2)	Signature; Typed Name:	william	O'KEËFE	fe	Date:	09.07.04
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3)	Signature: Typed Name:	JIAN MIN I	МАО		Date:	
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4)	**************** Signature: Typed Name:	ROBIN BUS	sh	******	Date:	******
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5)	Signature:		Date:
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(Not Accompanying Application)

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Signed on the date(s) indicated beside mv (our) signature(s).

1)	Signature:			ate:
	Typed Name: M	OHAMED ELMAN	DJRA	
	State of		(notary)SS:	
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)	Signature: Typed Name:	WILLIAM O'KEEI	FE	Date:
			(notary)SS:	
	Before m and ackn	e personally appeared sa owledged the foregoing day of	id instrument to be his/he , 2003.	r free act and deed this
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)	Signature:	JIAN MIN MAO	******	Date:
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• • • • •	Before ma and ackn Seal Signature: Typed Name: State of _ County o Before ma and ackn	e personally appeared sa owledged the foregoing day of MANA ROBIN BUSH	, 2003. 	(Notary Public) Date: <u>9-3-04</u>

5)	Signature: Typed Name: LINDA CHRISTENSON	Date:
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Signed on the date(s) indicated beside my (our) signature(s).

1)	Signature: Typed Name:	MOHAMED ELMAN		ate:
	State of _)	(notary)SS:	
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2)	Signature: Typed Name:	WILLIAM O'KEEFE		Date:
	State of County o) f)	(notary)SS:	
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3)		JIAN MIN MAO		Date:
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4)	Signature:	ROBIN BUSH	******	Date:
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5) Signature: Junda bristenson Typed Name: LINDA CHRISTENSON	Date: 8 Sep 04
State of CALIFORNIA)	
County of <u>ACAMEDA</u>)	otary)SS:
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September 2 Note: 10- California 2 A sound County	Buyl M. Backurich
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Atty Dkt. No. PHOTP005

RECORDED: 10/13/2004