


Substitute Form PTO-1595
 Attorney Docket No.: 10527-516001
 Client's Ref. No.: 03-204

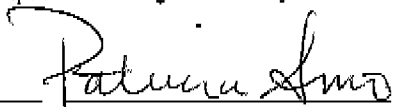
RECORDATION FORM COVER SHEET PATENTS ONLY

Commissioner for Patents: Please record the attached original document(s) or copy(ies).	
1. Name of conveying party(ies): Kristian DiMatteo, William J. Shaw and Robert F. Rioux Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Scimed Life Systems, Inc. One Scimed Place Maple Grove, MN 55311-1566 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: 10/22/04; 10/15/04; 10/19/04	
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).: 10/977,255 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: SEAN P. DALEY Fish & Richardson P.C. 225 Franklin Street Boston, MA 02110-2804	6. Total number of applications/patents involved: 1 7. Total fee (37 CFR §3.41): \$40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to charge Deposit Account. 8. Deposit Account No.: 06-1050 Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050.
DO NOT USE THIS SPACE	
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; align-items: flex-end; margin-top: 20px;"> <div style="width: 30%;"> Sean P. Daley Reg. No. 40,978 Name of Person Signing </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 30%; text-align: center;"> 11/23/04 Date </div> </div>	
Total number of pages including coversheet, attachments and document: 5	

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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.

11-23-04  Patricia Smith
 Date of Transmission Signature Typed Name of Person Signing Certificate

PATENT

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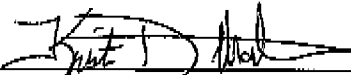
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Attorney Docket No: 10527-516001

ASSIGNMENT


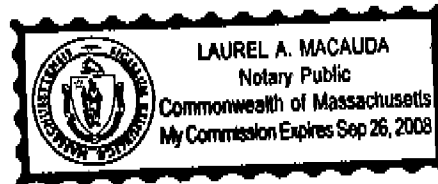
For valuable consideration, we, Kristian DiMatteo, of 25 Carleton Road, Waltham, MA 02451, United States of America; William J. Shaw, of 50 Trowbridge Street, Apt. 4, Cambridge, MA 02138; Robert F. Rioux, of 20 Woodridge Lane, Ashland, Massachusetts 01721; hereby assign to SCIMED LIFE SYSTEMS, INC., a Minnesota corporation, 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 DEVICE SYSTEMS AND METHODS, filed 10/29/04, and assigned U.S. Serial Number 10/977,255, 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: 10527-516001

DATE: October 22, 2004
KRISTIAN DIMATTEOSTATE OF Massachusetts)
COUNTY OF Middlesex) SS.

On October 22, 2004, before me, the undersigned, a notary public for the State of MA personally appeared KRISTIAN DIMATTEO personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same in his or her authorized capacity and that by his or her signature on the instrument the person or the entity upon behalf of which the person acted executed the instrument..

WITNESS my hand and official seal.


Notary Public

Attorney Docket No: 10527-516001

DATE: 10/15/04

WILLIAM J. SHAWSTATE OF Massachusetts
COUNTY OF Middlesex } SS.

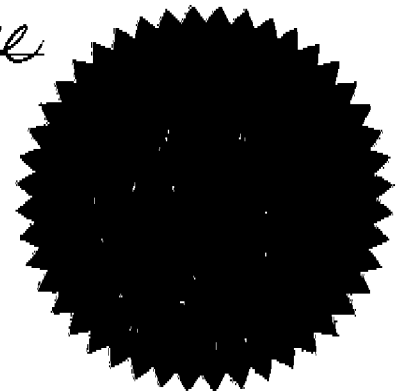
Massachusetts
On October 15, 2004, before me, the undersigned, a notary public for the State of Massachusetts personally appeared WILLIAM J. SHAW personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same in his or her authorized capacity and that by his or her signature on the instrument the person or the entity upon behalf of which the person acted executed the instrument.

WITNESS my hand and official seal.




Notary Public

CHERYL L. LAME
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 16, 2009




Attorney Docket No: 10527-516001

DATE: 19 OCT 04

ROBERT F. RIOUXSTATE OF Massachusetts)
) SS.
COUNTY OF Middlesex)

On October 19, 2004, before me, the undersigned, a notary public for the State of MA personally appeared ROBERT F. RIOUX personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same in his or her authorized capacity and that by his or her signature on the instrument the person or the entity upon behalf of which the person acted executed the instrument..

WITNESS my hand and official seal.



Notary Public

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