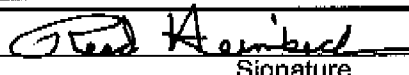


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Attorney Docket No. 001-043601US

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1. Name of conveying party(ies)/Execution Date(s): Marc Mounir Rahme Execution Date(s) 30 December 2004 Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: St. Jude Medical, Daig Division, Inc. Internal Address: _____ Street Address: 14901 DeVeau Place City: Minnetonka State: Minnesota Country: USA Zip: 55345 Additional name(s) & address(es) 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"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) _____ B. Patent No.(s) 6,511,500 Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name and address to whom correspondence concerning document should be mailed: Name: Reed R. Heimbecher, Esq. Registration No. 36,353 Address: Heimbecher & Assoc., LLC 390 Union Blvd, Suite 650 City: Lakewood State: Colorado Zip: 80228-6512 Phone Number: 303-279-8888 Fax Number: 303-985-0651 Email Address: _____	6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00 <input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title) 8. Payment Information a. Credit Card Last 4 Numbers 1006 Expiration Date 01/2006 b. Deposit Account Number _____ Authorized User Name _____
9. Signature:  26 January 2005 Signature Date Reed R. Heimbecher Name of Person Signing <div>Total number of pages including cover sheet, attachments, and documents: 2</div>	

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OP \$40.00 6511500

EXHIBIT A**ASSIGNMENT**

THIS PATENT ASSIGNMENT is made as of December 30, 2004 by Marc Rahme, Ph. D., an individual with an address at 4363 Jacques Bizard, Pierrefonds QC H9H 4W3 ("Assignor") and St. Jude Medical, Daig Division, Inc., a company existing pursuant to the laws of Minnesota, with an address at 14901 DeVean Place, Minnetonka, Minnesota 55345 ("Assignee").

WHEREAS Assignor is the owner of United States Letters Patent No. 6,511,500, entitled "Use of autonomic nervous system neurotransmitters inhibition and atrial parasympathetic fibers ablation for the treatment of atrial arrhythmias and to preserve drug effects" ("the Patent");

WHEREAS Assignee is desirous of acquiring the entire right, title and interest in and to said United States Letters Patent and whereas Assignor and Assignee have entered into a Patent Purchase Agreement dated as of December 30, 2004, pursuant to which Assignor has agreed, *inter alia*, to grant and assign to Assignee all of Assignor's right title and interest in and to the Patent;

NOW, THEREFORE, in consideration of good and valuable consideration, receipt and sufficiency of which is hereby acknowledged, Assignor, by these presents, does hereby sell, assign, and transfer unto Assignee, the entire right, title and interest in and to the Patent, including any divisions, continuations, continuations-in-part, reexaminations or reissues thereof, and any foreign counterparts thereto as well as the right to collect past damages, to be held and enjoyed by said Assignee, its successors, legal representatives and assigns, for its own use, to the full end of any term for which said Patents are granted.

Dated: December 30, 2004

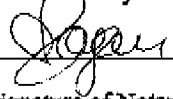
By: 

Marc Rahme, Ph. D.

_____ of _____
_____ of _____

On December 30, 2004 before me, Celine Pageau
personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.


Signature of Notary



SEAL

Attorney Docket No. 001-043601US
Via Facsimile: 703-306-5995

PTO/SB/97 (08-03)

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