RE



ΞT

Our Ref.: 160-425

Commissioner of Patents 2.O. Box 1450	ademarks: Please record the attached original documents or copy thereof.  2. Name and address of receiving party(ies):  Name: KABUSHIKI KAISHA TOSHIBA
Alexandria, VA 22313-1450	<u>σ</u>
To the Honorable Commissioner of Patents and Tra	ademarks: Please record the attached original documents or copy thereof.
1. Name of conveying party(ies):	2. Name and address of receiving party(ies):
Masaaki YAMANAKA	4
	Internal Address:
	Street Address: 1-1, Shibaura 1-chome,
Additional name/s of conveying party/ies attached?	· 🗆 📗
3. Nature of conveyance:	City: Minato-ku, Tokyo
X Assignment ☐ Merger	State/Country: Japan
Security Assignment Change of Nam	
Other	
Execution Date: December 6, 200	Additional name/s & address/es attached Yes \( \sum \) No
4. Application number(s) or patent number(s):  If this document is being filed together with a new applic	cation, the execution date of the application is:
it this document is being thed together with a new applic	cation, the execution date of the application is:  December 6, 2004
A. Patent Application No(s).	B. Patent No(s).
(1) unknown	(1)
(2)	(2)
(3)	(3)
	onal numbers attached Yes No
5. Name and address of party to whom correspond	ence 6. Total number of applications & patents involved: 1
concerning document should be mailed:	(7 m - 1 c (07 CFD 2 41)
	7. Total fee (37 CFR 3.41) \$ 40.00
NT A ST CO CO CO	
Name: Arthur R. Crawford	Enclosed
Name: Arthur R. Crawford  Internal Address:	Authorized to be charged to deposit account #14-1140
Internal Address:	Authorized to be charged to deposit account #14-1140  8. The Commissioner is hereby authorized to charge any
Internal Address:  Street Address: Nixon & Vanderhye P.C.	8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road	8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or whice should have been filed herewith (or with any paper thereafter)
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road  8 <sup>th</sup> Floor	8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or whice should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our <b>Account No.</b>
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road  8 <sup>th</sup> Floor	8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or whice should have been filed herewith (or with any paper thereafter)
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road  8 <sup>th</sup> Floor	8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our <b>Account No.</b>
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road  8 <sup>th</sup> Floor	8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road  8 <sup>th</sup> Floor  City: Arlington State: VA Zip:  9. Statements and signature.  To the best of my knowledge and belief, the fore	8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road  8 <sup>th</sup> Floor  City: Arlington State: VA Zip:	8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or whice should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.  DO NOT USE THIS SPACE
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road  8 <sup>th</sup> Floor  City: Arlington State: VA Zip:  9. Statements and signature.  To the best of my knowledge and belief, the fore of the original document.	Authorized to be charged to deposit account #14-1140  8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or whice should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.  DO NOT USE THIS SPACE  egoing information is true and correct and any attached copy is a true copy
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road  8 <sup>th</sup> Floor  City: Arlington State: VA Zip:  9. Statements and signature.  To the best of my knowledge and belief, the fore of the original document.  Arthur R. Crawford	Authorized to be charged to deposit account #14-1140  8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or whice should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.  DO NOT USE THIS SPACE  egoing information is true and correct and any attached copy is a true copy  December 21, 2004
Internal Address:  Street Address: Nixon & Vanderhye P.C.  1100 North Glebe Road  8 <sup>th</sup> Floor  City: Arlington State: VA Zip:  9. Statements and signature.  To the best of my knowledge and belief, the fore of the original document.	Authorized to be charged to deposit account #14-1140  8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.  DO NOT USE THIS SPACE  egoing information is true and correct and any attached copy is a true copy

01 FC:8021

40.00 OP

Our Ref: 160-425

## RECORDATION FORM COVER SHEET

## **PATENTS ONLY**

Commissioner of Patents and Trademarks Box Assignment, P.O. Box 1450 Alexandria, VA 22313-1450 1. Name of conveying party(ies): 2. Name: TOSHIBA MEDICAL SYSTEMS CORPORATION Street Address: 1385, Shimoishigami City: Otawara-shi, Tochigi State: Japan Zip: 324-8550 4. Application number(s) or patent number(s): A. Patent Application No(s). B. Patent No(s). (4) (4) (5) (5) (6) (6) (7) (7)(8) (8) (9)(9)

In consideration of value received, I, having a residence and mailing address as stated below next to my name, the sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are listed below) of an invention described in an application for United States patent entitled:

MAGNETIC RESONANCE IMAGING APPARATUS

sell and assign to

- 1. KABUSHIKI KAISHA TOSHIBA, a Japanese corporation, having a business address at 1-1, Shibaura 1-chome, Minato-ku, Tokyo 105-8001, Japan; and
- 2. Toshiba Medical Systems Corporation, a Japanese corporation, having a business address at 1385, Shimoishigami, Otawara-shi, Tochigi 324-8550, Japan

its successors, assigns or nominees, hereinafter referred to as "Assignee", my entire right, title and interest in and to said invention as disclosed, shown and described in said application for United States patent: (check one)

[X]	executed concurrently herewith;		
[ ]	executed on		
1	Application No.	; filed	

and in and to all applications for patent and patents for said invention, in all countries of the world, including all divisions, reissues, continuations, substitutions and extensions thereof and all rights arising under or pursuant to any and all international agreements, treaties or laws relating to the protection of industrial property, including rights of priority, resulting from the filing of any of said applications; and I authorize and request any official whose duty is to issue patents, to issue any patent on said invention or resulting therefrom to said Assignee, and I agree that on request and without further consideration, but at the expense of said Assignee, I will communicate to said Assignee or its representatives all facts known to me respecting said invention and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing, reissue or other applications, make all rightful oaths and declarations, and generally do everything possible to aid said Assignee to obtain and enforce proper patent protection for said invention in all countries.

I hereby grant the following law firm the power to insert on this Assignment any further identification which may be necessary or desirable in order to comply with the Rules of the U.S. Patent and Trademark Office for recordation of this document.

Nixon & Vanderhye P.C., 8th Floor, 1100 North Glebe Road, Arlington, Virginia 22201-4714

PATENT REEL: 016121 FRAME: 0449

## ASSIGNMENT

Inventor: (Signature) Date

Residence and mailing address

Masaaki Yamanaka December 6, 2004 95-342, Kajiya, Otawara-si Masaaki Yamanaka

95-342, Kajiya, Otawara-shi,

**RECORDED: 12/21/2004** 

**PATENT REEL: 016121 FRAME: 0450**