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01-27-2005

Docket No. 1023-433US01/P-11523.03

FORM PTO-1595

(Rev. 6-93)

OMB No. 0651-0011 (exp. 4/94)

RECOI



102926894

U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office

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Name of conveying party(ies): Shahn S. Sage John M. Swoyer Ahmed Elmouelhi Mark A. Christopherson	Execution Date (Month/Day/Year) 12/15/04 12/15/04 12/16/04 12/20/04	Name and address of receiving party(ies): Medtronic, Inc. 710 Medtronic Parkway Minneapolis, MN 55432
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Security Agreement <input type="checkbox"/> Other:	<input type="checkbox"/> Merger <input type="checkbox"/> Change of Name	Submission Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission (Non-Recordation): Document ID # <input type="checkbox"/> Correction of PTO Error: Reel # ___ Frame # <input type="checkbox"/> Corrective Document: Reel # ___ Frame #
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☐ This document is being filed with a new patent application on ____.

☒ This document is to be recorded against the following patent application or patent:

Patent Application No.(s)

Patent No.(s)

10/963,971

Additional numbers attached? ☐ Yes ☒ No

Name and address of party to whom correspondence concerning document should be mailed: Name: Kari H. Bartingale Address: Shumaker & Sieffert, P.A. 8425 Seasons Parkway, Suite 105 St. Paul, MN 55125	Total number of applications and patents involved: 1 Total fee (37 CFR 3.41): \$40.00 <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account Please charge any additional fees or credit any overpayments to our Deposit account number: 50-1778
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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.

Kari H. Bartingale
Name of Person Signing
Reg. No. 35,183

Kari Bartingale
Signature

January 21, 2005
Date

Total number of pages of the attached conveyance document including any attachments: 9

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01/26/2005 GT011 00000108 10963971

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PATENT
REEL: 016177 FRAME: 0339

ASSIGNMENT

For valuable consideration, we, Shahn S. Sage of 832 140th Lane NW, Andover, MN 55304, John M. Swoyer of 15876 Iiex Street NW, Andover, MN 55304, Ahmed Elmouelhi of 433 South 7th Street #1905, Minneapolis, MN 55415 and Mark A. Christopherson of 4100 Reiland Lane, Shoreview, MN 55126, hereby assign to: Medtronic, Inc., having a place of business at: 710 Medtronic Parkway, Minneapolis, MN 55432; 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 the subject of an application for United States Patent signed by us, entitled TRANSURETHRAL NEEDLE ABLATION SYSTEM WITH FLEXIBLE CATHETER TIP, filed October 13, 2004, and assigned U.S. Serial Number 10/963,971; 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, including any and all extensions, divisions, continuations, continuations-in-part or reissues thereof, 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.

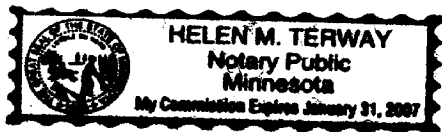
Date: 12-15-04

Shahn S. Sage
Shahn S. Sage

State of Minnesota)
County of Anoka) ss:

On this 15th day of December, 2004, before me, Shahn S. Sage,
Notary Public, personally appeared Shahn S. Sage personally known to me (or proved to me on the basis
of satisfactory evidence) to be the person(s) whose name is/~~are~~ subscribed to the within instrument and
acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity, and that by
his/~~her~~/their signature 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.



Helen M. Terway
Signature of Notary Public
My Commission Expires: January 31, 2007

Date: _____

John M. Swoyer

State of _____)
County of _____) ss:

On this _____ day of _____, 20____, before me, _____,
Notary Public, personally appeared John M. Swoyer personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that
by his/her/their signature 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 Public
My Commission Expires: _____

Ahmed Elmouelhi

On this _____ day of _____, 20____, before me, _____,

WITNESS my hand and official seal.

Date: _____

Mark A. Christopherson

On this _____ day of _____, 20____, before me, _____,

WITNESS my hand and official seal.

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ASSIGNMENT

For valuable consideration, we, Shahn S. Sage of 832 140th Lane NW, Andover, MN 55304, John M. Swoyer of 15876 Iiex Street NW, Andover, MN 55304, Ahmed Elmouelhi of 433 South 7th Street #1905, Minneapolis, MN 55415 and Mark A. Christopherson of 4100 Reiland Lane, Shoreview, MN 55126, hereby assign to: Medtronic, Inc., having a place of business at: 710 Medtronic Parkway, Minneapolis, MN 55432; 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 the subject of an application for United States Patent signed by us, entitled TRANSURETHRAL NEEDLE ABLATION SYSTEM WITH FLEXIBLE CATHETER TIP, filed October 13, 2004, and assigned U.S. Serial Number 10/963,971; 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, including any and all extensions, divisions, continuations, continuations-in-part or reissues thereof, 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.

Date: _____

Shahn S. Sage

State of _____)
) ss:
County of _____)

On this _____ day of _____, 20____, before me, _____,
Notary Public, personally appeared Shahn S. Sage personally known to me (or proved to me on the basis
of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by
his/her/their signature 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 Public
My Commission Expires:

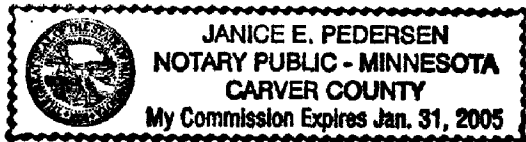
Date: 15 Dec 04

John M. Swoyer
John M. Swoyer

State of Minnesota)
) ss:
County of Carver)

On this 15th day of December, 2004, before me, Janice E. Pedersen
Notary Public, personally appeared John M. Swoyer personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that
by his/her/their signature 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.



Janice E. Pedersen
Signature of Notary Public
My Commission Expires:

Date: _____

Ahmed Elmouelhi

State of _____)
) ss:
County of _____)

On this _____ day of _____, 20____, before me, _____,
Notary Public, personally appeared Ahmed Elmouelhi personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that
by his/her/their signature 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 Public
My Commission Expires:

Date: _____

Mark A. Christopherson

State of _____)
) ss:
County of _____)

On this _____ day of _____, 20____, before me, _____,
Notary Public, personally appeared Mark A. Christopherson personally known to me (or proved to me on
the basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity, and that by his/her/their signature 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 Public
My Commission Expires:

ASSIGNMENT

For valuable consideration, we, Shahn S. Sage of 832 140th Lane NW, Andover, MN 55304, John M. Swoyer of 15876 Liex Street NW, Andover, MN 55304, Ahmed Elmouelhi of ²⁷⁷⁶433 ~~XERXES AVE S., #202 - NE~~ ^{55416 - NE} South 7th Street #1905, Minneapolis, MN ~~55415~~ and Mark A. Christopherson of 4100 Reiland Lane, Shoreview, MN 55126, hereby assign to: Medtronic, Inc., having a place of business at: 710 Medtronic Parkway, Minneapolis, MN 55432; 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 the subject of an application for United States Patent signed by us, entitled TRANSURETHRAL NEEDLE ABLATION SYSTEM WITH FLEXIBLE CATHETER TIP, filed October 13, 2004, and assigned U.S. Serial Number 10/963,971; 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, including any and all extensions, divisions, continuations, continuations-in-part or reissues thereof, 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.

Date: _____

Shahn S. Sage

State of _____)
) ss:
County of _____)

On this _____ day of _____, 20____, before me, _____,
Notary Public, personally appeared Shahn S. Sage personally known to me (or proved to me on the basis
of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by
his/her/their signature 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 Public
My Commission Expires:

Date: _____

John M. Swoyer

State of _____)
) ss:
County of _____)

On this _____ day of _____, 20____, before me, _____,
Notary Public, personally appeared John M. Swoyer personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that
by his/her/their signature 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 Public
My Commission Expires:

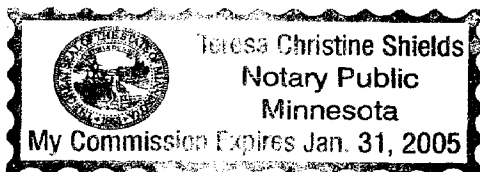
Date: 12/16/04

Ahmed Elmouelhi
Ahmed Elmouelhi

State of Minnesota)
County of Anoka) ss:

On this 16th day of December, 2004, before me, Teresa C. Shields,
Notary Public, personally appeared Ahmed Elmouelhi personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that
by his/her/their signature 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.



Teresa C. Shields
Signature of Notary Public
My Commission Expires:

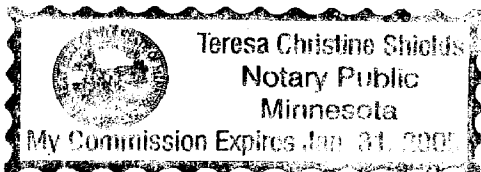
Date: 12/20/2004

Mark A. Christopherson
Mark A. Christopherson

State of Minnesota)
County of Ramsey) ss:

On this 20th day of December, 2004, before me, Teresa C. Shields,
Notary Public, personally appeared Mark A. Christopherson personally known to me (or proved to me on
the basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity, and that by his/her/their signature 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.



Teresa C. Shields
Signature of Notary Public
My Commission Expires: