

Substitute Form PTO-1595
Attorney Docket No.: 04644-145001

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): Aga de Zwart, Donald R. Boucher, David G. Cohen and Gary A. Freeman Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies): ZOLL Medical Corporation 269 Mill Road Chelmsford, MA 01824-4105 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: Aga de Zwart (03/29/05); Donald R. Boucher (11/19/04); David G. Cohen (03/25/05); Gary A. Freeman (12/06/04)			
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): 10/969,765 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: G. ROGER LEE 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> G. Roger Lee Reg. No. 28,963 Name of Person Signing			
		David L. Schuler Signature	
		Reg. No. 57,190 Date 5/5/05	
Total number of pages including coversheet, attachments and document: 6			

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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.

May 5, 2005
Date of Transmission


Signature

Maureen Christiano
Typed Name of Person Signing Certificate

PATENT

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Attorney Docket No: 04644-145001

ASSIGNMENT

For valuable consideration, we, Aga de Zwart of Boulder, Colorado; Donald R. Boucher of Andover, Massachusetts; David G. Cohen of Boulder, Colorado; and Gary A. Freeman of Newton Center, Massachusetts hereby assign to ZOLL MEDICAL CORPORATION, a Massachusetts corporation, having a place of business at 269 Mill Road, Chelmsford, Massachusetts, 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 TIME COORDINATION AND SYNCHRONIZATION OF EVENT TIMES IN ELECTRONIC MEDICAL RECORDS, filed October 20, 2004, and assigned U.S. Serial Number 10/969,765; 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: 04644-145001

DATE: 03/29/2005

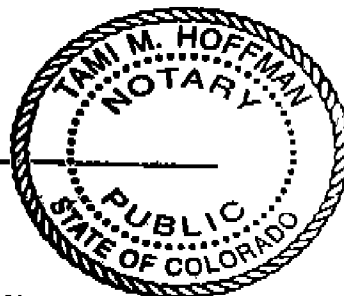
AGA DE ZWART
AGA DE ZWART

STATE OF Colorado }
COUNTY OF Broomfield } SS.

On 4/14/05, before me, the undersigned, a notary public for the State of Colorado personally appeared AGA DE ZWART appeared 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 Assignment, and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the Assignment the person or the entity upon behalf of which the person acted executed the Assignment.

WITNESS my hand and official seal.

Notary Public



My Commission Expires 01/18/2009

Attorney Docket No: 04644-145001

DATE: 3-25-05

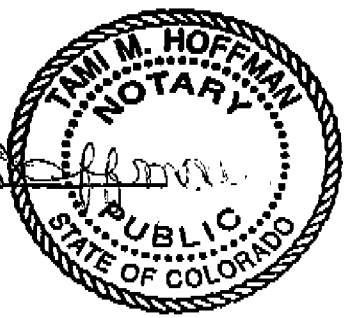
[Signature]
DAVID G. COHEN

STATE OF Colorado
COUNTY OF Broomfield SS.

On 3-25-05, before me, the undersigned, a notary public for the State of _____, personally appeared DAVID G. COHEN appeared 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 Assignment, and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the Assignment the person or the entity upon behalf of which the person acted executed the Assignment.

WITNESS my hand and official seal.

Tami M. Hoffman
Notary Public



My Commission Expires 01/18/2009

Attorney Docket No: 04644-145001

DATE: 12/6/04

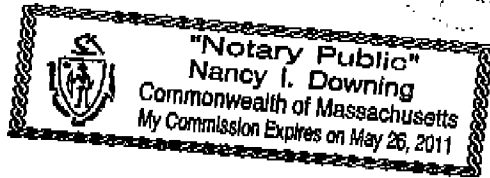
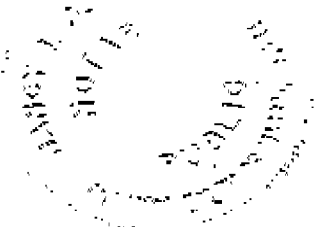
Gary A. Freeman
GARY A. FREEMAN

STATE OF Massachusetts
COUNTY OF Middlesex) SS.

On Dec. 6, 2004, before me, the undersigned, a notary public for the State of Massachusetts personally appeared GARY A. FREEMAN appeared 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 Assignment, and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the Assignment the person or the entity upon behalf of which the person acted executed the Assignment.

WITNESS my hand and official seal.

Nancy Downing
Notary Public



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