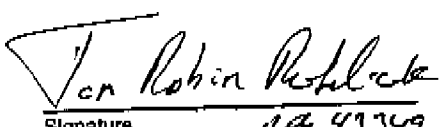


Substitute Form PTO-1595
Attorney Docket No.: 04644-168001

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): Peter A. Lund, Marc Cordaro, Michael Parascandola 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: Lund (02/17/05); Cordaro (02/17/05); Parascandola (02/14/05); Freeman (02/17/05)	
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): 11/054,843 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 St. Boston, MA 02110	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	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature <i>122 43,349</i> </div> <div style="text-align: center;"> <i>5/12/05</i> Date </div> </div>
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.

5-12-05 *Maureen Christiano* Maureen Christiano
 Date of Transmission Signature Typed Name of Person Signing Certificate

700178972

PATENT
REEL: 016215 FRAME: 0384

CH \$40.00 061050 11054843

ASSIGNMENT

For valuable consideration, we, Peter A. Lund of Nashua, NH; Marc Cordaro of Sudbury, MA; Michael Parascandola of Londonderry, NH; and Gary A. Freeman of Newton Center, MA hereby assign to ZOLL MEDICAL CORPORATION, a corporation of Massachusetts, having a place of business at 269 Mill Road, Chelmsford, MA 01824-4105, 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 CABLE, filed February 10, 2005, and assigned U.S. Serial Number 11/054,843, 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.

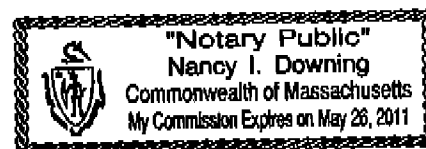
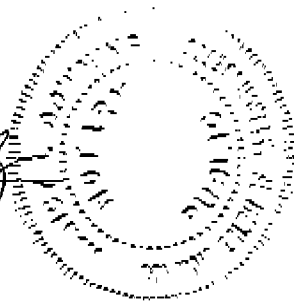
Attorney Docket No: 04644-168001

DATE: 2/17/05Peter A. Lund
PETER A. LUNDSTATE OF MACOUNTY OF MIDDLESEX

) SS.

On 2/17/05, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared PETER A. LUND personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

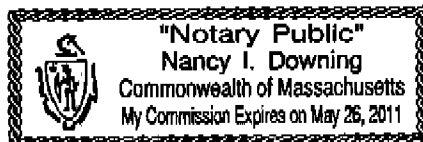
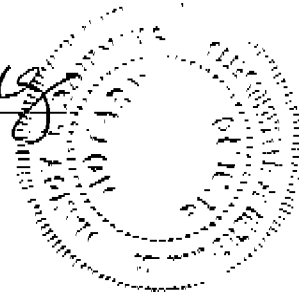
Nancy I. Downing
Notary Public

Attorney Docket No: 04644-168001

DATE: 2/17/2005Marc Cordaro
MARC CORDAROSTATE OF MA)
COUNTY OF Middlesex) SS.

On 2/17/05, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared MARC CORDARO personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

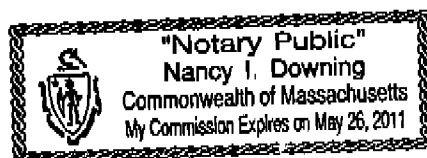
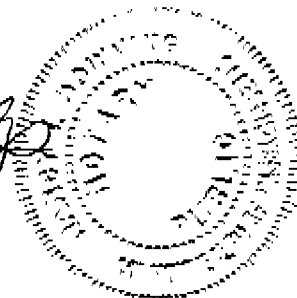
Nancy Downing
Notary Public

Attorney Docket No: 04644-168001

DATE: 2/14/05
MICHAEL PARASCANDOLASTATE OF Massachusetts
COUNTY OF Middlesex) SS.

On 2/14/05, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared MICHAEL PARASCANDOLA personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

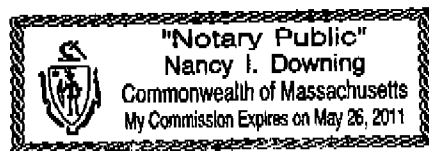
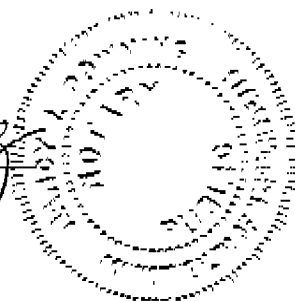

Notary Public

Attorney Docket No: 04644-168001

DATE: 2/17/05Gary A. Freeman
GARY A. FREEMANSTATE OF Mass.)
COUNTY OF Middlesex) SS.

On 2/17/05, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared GARY A. FREEMAN personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Nancy Downing
Notary Public

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