


Substitute Form PTO-1595  
 Attorney Docket No.: 10527-629001  
 Client's Ref. No.: 05-0003

## 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): Jan Weber, Thomas J. Holman and Scott R. Schewe Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Boston Scientific SciMed, Inc. One Scimed Place Maple Grove, MN 55311-1566 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: 06/08/2005; 06/08/2005; 06/13/2005	
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): 11/152,555 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: MICHAEL R. HAMLIN Fish & Richardson P.C. 225 Franklin Street 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>	
Michael R. Hamlin Reg. No. 54,149 Name of Person Signing	<div style="text-align: center;">         Signature     </div> <div style="text-align: center;">       August 2, 2005        Date     </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.

August 2, 2005  
 Date of Transmission

  
 Signature

Karen Hector  
 Typed Name of Person Signing Certificate

**PATENT**

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### ASSIGNMENT

For valuable consideration, we, Jan Weber, of 18112 89th Place North, Maple Grove, MN, 55311; Thomas J. Holman, of 29625 139th St. NW, Princeton, MN, 55371; and Scott Schewe, of 6300 Duck Lake Road, Eden Prairie, MN 55346; hereby assign to BOSTON SCIENTIFIC SCIMED, INC., a corporation of Minnesota, having a place of business at One Scimed Place, Maple Grove, MN 55311-1566, 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 DEVICES AND RELATED METHODS, filed June 14, 2005, and assigned U.S. Serial Number 11/152,555, 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.

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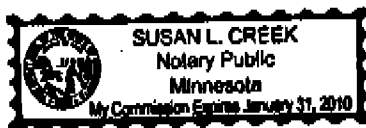
DATE: 8 June 2005

JAN WEBER

STATE OF Minnesota  
COUNTY OF Hennepin ) SS.

On June 8 2005, before me, the undersigned, a notary public for the State of Minnesota, there personally appeared JAN WEBER 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 her authorized capacity and that by her signature on this Assignment, the person or the entity upon behalf of which she acted, executed this Assignment.

WITNESS my hand and official seal.



S. Creek  
Notary Public

Attorney Docket No: 10527-629001  
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DATE:

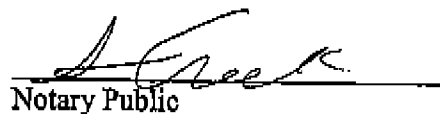
JUNE 8<sup>TH</sup> 2005

THOMAS J. HOLMAN

STATE OF Minnesota )  
COUNTY OF Hennepin ) SS.

On June 8, 2005, before me, the undersigned, a notary public for the State of Minnesota, there personally appeared THOMAS J. HOLMAN 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: 10527-629001  
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DATE: 6/13/05

Scott Scheve  
SCOTT SCHEWE

STATE OF Minnesota )  
COUNTY OF Hennepin ) SS.

On June 13<sup>th</sup>, 2005, before me, the undersigned, a notary public for the State of Minnesota, there personally appeared SCOTT SCHEWE 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.



Molly Bradford  
Notary Public

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