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U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office



103056196

Atty. Docket: 2958

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

8-1-05

**1. Name of conveying party(ies)**  
Robert C. Smith  
  
Additional name(s) of conveying party(ies) attached?  Yes  No

**2. Name and address of receiving party(ies)**  
Name: Tyco Healthcare Group LP  
Internal Address: \_\_\_\_\_

**3. Nature of conveyance/Execution Date(s):**  
Execution Date(s) 7/15/05  
 Assignment  Merger  
 Security Agreement  Change of Name  
 Joint Research Agreement  
 Government Interest Assignment  
 Executive Order 9424, Confirmatory License  
 Other \_\_\_\_\_

Street Address: 150 Glover Avenue  
City: Norwalk  
State: Connecticut  
Country: USA Zip: 06856  
Additional name(s) & address(es) attached?  Yes  No

**4. Application or patent number(s):**  This document is being filed together with a new application.  
A. Patent Application No.(s)  
11/102,446

B. Patent No.(s)  
  
Additional numbers attached?  Yes  No

**5. Name and address to whom correspondence concerning document should be mailed:**  
Name: Kimberly V. Perry, Esq.  
Internal Address: U.S. Surgical,  
A Division of Tyco Healthcare Group, LP  
Street Address: 150 Glover Avenue  
City: Norwalk  
State: CT Zip: 06856  
Phone Number: 203-845-4562  
Fax Number: 203-846-5988  
Email Address: \_\_\_\_\_

**6. Total number of applications and patents involved:** \_\_\_\_\_  
**7. Total fee (37 CFR 1.21(h) & 3.41)** \$ 40.00  
 Authorized to be charged by credit card  
 Authorized to be charged to deposit account  
 Enclosed  
 None required (government interest not affecting title)

**8. Payment Information**  
a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
b. Deposit Account Number 21-0550  
Authorized User Name \_\_\_\_\_

**9. Signature:** \_\_\_\_\_ 7/25/05  
Signature Date  
KIMBERLY V. PERRY  
Name of Person Signing  
Total number of pages including cover sheet, attachments, and documents:

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

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**PATENT**  
**REEL: 016831 FRAME: 0884**

For:  U.S. and/or  Foreign Rights  
For:  U.S. Application or  U.S. Patent  
By :  Inventor(s) or  Present Owner

**ASSIGNMENT OF INVENTION**

In consideration of the payment by ASSIGNEE to ASSIGNORS of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,  
**ASSIGNORS:**

Robert C. Smith

(If assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO add the following)

Recorded on: \_\_\_\_\_  
Reel \_\_\_\_\_  
Frame \_\_\_\_\_

hereby sells, assigns and transfers to

**ASSIGNEE:**

Tyco Healthcare Group LP  
(Type or print name of ASSIGNEE)  
150 Glover Avenue  
Address  
Norwalk, Connecticut 06856  
USA  
USA  
Nationality

and the successors, assigns and legal representatives of the ASSIGNEE

the entire right, title and interest

an undivided \_\_\_\_\_ percent ( \_\_\_\_\_ %) interest for the United States and its territorial possessions

and in all foreign countries, including all rights to claim priority, the right to sue for present, past and future infringement, in the United States, its territorial possessions, and in all foreign countries, including all treaty and convention rights in and to the invention and any and all improvements entitled:

**SURGICAL HAND ACCESS APPARATUS**

and which is found in

- (a)  U.S. patent application executed on even date herewith.
- (b)  U.S. patent application executed on \_\_\_\_\_.
- (c)  U.S. application Serial No. 11/102,446 filed on April 5, 2005.
- (d)  U.S. provisional application No. 60/ \_\_\_\_\_  
filed on \_\_\_\_\_.
- (e)  U.S. Patent No. \_\_\_\_\_ issued \_\_\_\_\_.
- (f)  PCT application No. \_\_\_\_\_  
filed on \_\_\_\_\_.

- A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.
- (g)  and any legal equivalent thereof in a foreign country, including the right to claim priority and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, continuation-in-part, divisional, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof

ASSIGNORS hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment;

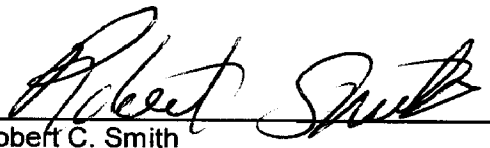
ASSIGNORS hereby authorizes and requests the Commissioner of Patents and Trademarks to issue all such Letters Patent to ASSIGNEE:

ASSIGNORS further covenants to promptly provide all pertinent facts and documents known and accessible to ASSIGNORS relating to said invention and said Letters Patent and legal equivalents; to testify as to the same in any interference, litigation or proceeding related thereto; to execute and deliver any and all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patents which may be granted therefor in said ASSIGNEE, its successors, assigns or other legal representatives; to execute any additional or divisional applications for patents for said invention, or any part or parts thereof, and for the reissue of any Letters Patents to be granted therefor; and to make all rightful oaths and do all lawful acts requisite for procuring the same or for aiding therein, all without further compensation, but at the sole expense of ASSIGNEE, its successors, assigns, or other legal representatives.

ASSIGNORS hereby grants ASSIGNEE and Assignee's attorneys the power to insert the Serial No. and/or filing date of the above-described application(s) after such information becomes known to them.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal.

**WARNING:** Date of signing must be the **same as** the date of execution of the application if item (a) was checked above.

  
 Robert C. Smith

  
 7/15/05

State of Connecticut  
 County of New Haven ) ss North Haven)

Before me this 15<sup>th</sup> day of July 2005,

personally appeared Robert C. Smith to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

  
 Notary Public  
 My Commission Expires August 31, 2007

AFFIX SEAL