

Form PTO-1595 (Rev. 07/05)
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U.S. DEPARTMENT OF COMMERCE
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**RECORDATION FORM COVER SHEET
PATENTS ONLY**

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

1. Name of conveying party(ies)
Cyto Pulse Sciences, Inc.
810 Cromwell Park Dr., Suite T
Glen Burnie, MD 21061

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Ichor Medical Systems, Inc.
Internal Address: _____
Street Address: 6310 Nancy Ridge Dr.
Suite 107
City: San Diego
State: CA
Country: USA Zip: 92121

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance/Execution Date(s):
Execution Date(s) April 26, 2005

Assignment Merger
 Security Agreement Change of Name
 Joint Research Agreement
 Government Interest Assignment
 Executive Order 9424, Confirmatory License
 Other UCCI

4. Application or patent number(s): This document is being filed together with a new application.
A. Patent Application No.(s) _____

B. Patent No.(s) U.S. Patent 6,010,613,
U.S. Patent 6,078,490, PCT/US00/00014,
PCT/US02/08239, PCT/US02/21314,
PCT/US03/09203, PCT/US03/35982,
PCT/US04/05217

Additional numbers attached? Yes No

5. Name and address to whom correspondence concerning document should be mailed:
Name: Aida M. Lebbos, Esquire
Internal Address: Saul Ewing LLP
Street Address: 100 S. Charles St.
15th Floor
City: Baltimore
State: MD Zip: 21201
Phone Number: (410) 332-8614
Fax Number: (410) 332-8112
Email Address: alebbo@saul.com

6. Total number of applications and patents involved: 8

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 320.00
 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 6413
Expiration Date 6/07
b. Deposit Account Number 50-0469
Authorized User Name Sherry H. Flax

9. Signature: Aida M. Lebbos 9/26/05
Signature Date
Aida M. Lebbos
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 (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

Schedule I

Debtor: **Cyto Pulse Sciences, Inc.**

Secured Party: **Ichor Medical Systems, Inc.**

All of Debtor's personal property, both now owned and hereafter acquired, including, but not limited to: (a) accounts; (b) chattel paper; (c) deposit accounts; (d) documents; (e) equipment; (f) fixtures; (g) all Intellectual Property defined as "IP" (as defined below); (h) all income from Debtor's licensing of rights relating to the "IP"; (i) present and future general intangibles, including but not limited to the following patents and patent applications: (1) U.S. Patent 6,010,613, (2) U.S. Patent 6,078,490, (3) PCT/US00/00014, (4) PCT/US02/08239, (5) PCT/US02/21314, (6) PCT/US03/09203, (7) PCT/US03/35982, (8) PCT/US04/05217; (j) goods; (k) instruments; (l) inventory; (m) investment property; (n) letter-of-credit rights; and (o) proceeds and products of all of the foregoing.

"IP" shall mean all rights, title and interest in and to all patents and letters patent of the United States or any other country, all registrations and recordings thereof, and all applications for letters patent of the United States or any other country, together with all reissues, divisions, continuations, renewals, extensions thereof and any and all inventions disclosed therein, and all rights corresponding thereto throughout the world, including the right to make use, lease, sell or otherwise transfer the inventions disclosed therein, and all proceeds thereof, including all license royalties and proceeds of infringement suits; all claims, causes of action and rights to sue for past, present, and future infringement or unconsented use of any of the such patent rights and all rights arising therefrom and pertaining thereto; all general intangibles and all intangible intellectual or other similar property of any kind or nature, whether now owned or hereafter acquired or developed, associated with or arising out of any of the such patent rights and not otherwise described above, including without limitation copyrights and trademarks pertaining to the patents; and all products and proceeds of any of the foregoing.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Diane S. Williams, Paralegal (410) 332-8706

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Diane S. Williams, Paralegal
 Saul Ewing LLP
 100 South Charles Street
 Baltimore, MD 21201

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Cyto Pulse Sciences, Inc.				
OR				
1b. INDIVIDUAL'S LAST NAME				
1c. MAILING ADDRESS				
CITY Glen Burnie		STATE MD	POSTAL CODE 21061	COUNTRY USA
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION Maryland	1g. ORGANIZATIONAL ID #, if any D04279469 <input type="checkbox"/> NONE

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME				
2c. MAILING ADDRESS				
CITY		STATE	POSTAL CODE	COUNTRY
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3 SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Ichor Medical Systems, Inc.				
OR				
3b. INDIVIDUAL'S LAST NAME				
3c. MAILING ADDRESS				
CITY San Diego		STATE CA	POSTAL CODE 92121	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:
See Schedule 1 attached hereto and incorporated by reference herein.

5. ALTERNATIVE DI SIGNATION (if applicable) LESSOR/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILORE SELLER/BUYER AGENT NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the PUBLIC RECORDS (Attached Application) (if applicable)

7. Check to REQUIRE SEARCHED REPORT(s) on Debtor(s): All Debtors Debtor 1 Debtor 2

8. ORIGINAL FILER REFERENCE DATA