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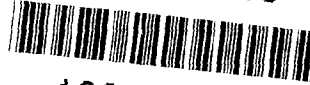
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Form PTO-1595 (Rev. 06/04)
OMB No. 0651-0027 (exp. 6/30/2005)

PATENT TRADEMARK OFFICE

DEPARTMENT OF COMMERCE

08-16-2005



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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.

1. Name of conveying party(ies)/Execution Date(s):

Robert B. Strother
Joseph J. Mrva
Geoffrey B. Thrope

Execution Date(s) 3 August 2005

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

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies):

Name: NDI Medical, LLC

Internal Address: _____

Street Address: One Chagrin Highlands

2000 Auburn Drive, Suite 320

City: Cleveland

State: OH

Country: US Zip: 44122

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)

11/150,418

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Daniel D. Ryan

Internal Address: Ryan Kromholz & Manion, S.C.

Street Address: P.O. Box 26618

City: Milwaukee

State: WI Zip: 53226-0618

Phone Number: 262 783 1300

Fax Number: 262 783 1211

Email Address: _____

6. Total number of applications and patents involved:

1

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 06-2360

Authorized User Name _____

9. Signature:

Signature

8 August 2005

Date

Daniel D. Ryan

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

3

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

08/11/2005 HUJ061 00000033 11150418

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PATENT
REEL: 016881 FRAME: 0767

ASSIGNMENT

In consideration of One Dollar (\$1.00) and other good and valuable considerations, receipt of which is acknowledged, we, Robert B. Strother, Joseph J. Mrva, and Geoffrey B. Thrope, being the lawful owners, hereby sell and assign to NDI Medical, LLC, its successors and assigns, the entire right, title and interest throughout the world in our invention entitled Implantable Pulse Generator for Providing Functional and/or Therapeutic Stimulation of Muscles and/or Nerves and/or Central Nervous System Tissue, as described in application Serial No. 11/150,418, filed 10 June 2005, for United States patent, and in this and any and all US and other patent applications and patents thereon, and in all rights of priority thereto.

Signed, sealed and delivered this 3rd day of August, 2005.

Robert B. Strother
Robert B. Strother

STATE OF OHIO)
COUNTY OF Cuyahoga) SS

Personally came before me this 3rd day of August, 2005 the above named Robert B. Strother personally known to me to be the person who signed the above document, who acknowledged the same as his own free act and deed.

Notary Public
My Commission Expires

Shirley A. Titchenell
SHIRLEY A. TITCHENELL
NOTARY PUBLIC-STATE OF OHIO
My Commission Expires
March 08, 2008

[SEAL]

Signed, sealed and delivered this 3rd day of August, 2005.

Joseph J. Mrva
Joseph J. Mrva

STATE OF OHIO)
COUNTY OF Cuyahoga) SS

Personally came before me this 3rd day of August, 2005 the above named Joseph J. Mrva personally known to me to be the person who signed the above document, who acknowledged the same as his own free act and deed.

Notary Public
My Commission Expires

Shirley A. Titchenell
SHIRLEY A. TITCHENELL
NOTARY PUBLIC-STATE OF OHIO
My Commission Expires
March 08, 2008

[SEAL]

Signed, sealed and delivered this 3rd day of August, 2005.

Geoffrey B. Thrope
Geoffrey B. Thrope

STATE OF OHIO)
COUNTY OF Cuyahoga) SS

Personally came before me this 3rd day of August, 2005 the above named Geoffrey B. Thrope personally known to me to be the person who signed the above document, who acknowledged the same as his own free act and deed.

Notary Public
My Commission Expires _____

Shirley A. Titchenell

SHIRLEY A. TITCHENELL
NOTARY PUBLIC-STATE OF OHIO
My Commission Expires
March 08, 2008

[SEAL]