


Substitute Form PTO-1595
Attorney Docket No.: 10527-582001
Client's Ref. No.: 04-0233

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): Thomas J. Holman, Jan Weber and Tracee Eidenschink 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: 12/6/2005; 12/5/2005; 11/29/2005	
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): 11/206,879 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: GARY L. QUICK Fish & Richardson P.C., P.A. 60 South Sixth Street Suite 3300 Minneapolis, MN 55402	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> Gary L. Quick Reg. No. 55,553 Name of Person Signing _____  Signature _____ Date <u>1 DEC 2005</u>	
Total number of pages including coversheet, attachments and document: 5	

CH \$40.00 061050 11208879

60328200.doc

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.

December 7, 2005
 Date of Transmission


 Signature

Julie A. Lindseth
 Typed Name of Person Signing Certificate

PATENT

700229479

REEL: 017100 FRAME: 0039

ASSIGNMENT

For valuable consideration, we, Thomas J. Holman, of 29625 -139th St. NW, Princeton, MN 55371; Jan Weber, of 18112 89th Place North, Maple Grove, MN 55311; and Tracee Bidenschink, of 2232 Pinto Drive, Wayzata, MN 55391; 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 LOCAL PERFUSION DEVICE, filed August 22, 2005, and assigned U.S. Serial Number 11/208,879, 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: 10527-582001 04-0233

DATE: 5 Dec 2005

JAN WEBER

STATE OF Minnesota)
) SS.
COUNTY OF Hennepin)

On December 5, 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 his/her authorized capacity and that by his/her signature on this Assignment, the person or the entity upon behalf of which he/she acted, executed this Assignment.

WITNESS my hand and official seal.



[Signature]
Notary Public

Attorney Docket No: 10527-582001 04-0233

DATE: 29 Nov 2005

Tracee Eidschink
TRACEE EIDENSCHINK

STATE OF Minnesota)
) SS.
COUNTY OF Hennepin)

On November 29, 2005, before me, the undersigned, a notary public for the State of Minnesota, there personally appeared TRACEE EIDENSCHINK 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/her authorized capacity and that by his/her signature on this Assignment, the person or the entity upon behalf of which he/she acted, executed this Assignment.

WITNESS my hand and official seal.



Brenda K. House
Notary Public

60304578.doc