Form PTO-1595 (Rev. 06/04)

| OMB No. 0651-0027 (exp. 6/30/2005) RECORD | States Patent and Trademark | k Office | |
|---|--|------------|--|
| PATENT | | | |
| To the Director of the U.S. Patent and Trademark Office: Pleas | | | |
| 1. Name of conveying party(ies)/Execution Date(s): | 2. Name and address of receiving party(ies) | | |
| Koji Bessho | Name: GE Yokogawa Medical Systems, Limited | | |
| Noji Dessilo | Internal Address: | 9.2 | |
| | merial / todiess. | 2.8 | |
| 5 | | 1/40 | |
| Execution Date(s) October 26, 2005 Additional name(s) of conveying party(ies) attached? Yes No | Street Address: 7-127, Asahigaoka 4-chome, | | |
| 3. Nature of conveyance: | Hino-shi | ÷ ` | |
| Assignment Merger | City: <u>Tokyo</u> | | |
| Security Agreement Change of Name | State | | |
| Government Interest Assignment | State: | | |
| Executive Order 9424, Confirmatory License | Country: JAPAN Zip: 191-8503 | | |
| Other | Additional mass (a) 8 adds - s (a-) attach ad2 Vac | 71 No | |
| | Additional name(s) & address(es) attached? Yes to document is being filed together with a new application. | | |
| A. Patent Application No.(s) | B. Patent No.(s) | ation. | |
| | | | |
| | | | |
| | | | |
| Additional numbers at | ached? Yes No | | |
| 5. Name and address to whom correspondence concerning document should be mailed: | 6. Total number of applications and patents involved: | | |
| Name: Patrick W. Rasche | 7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00 | | |
| Internal Address: Armstrong Teasdale LLP | Authorized to be charged by credit card | | |
| | ✓ Authorized to be charged to deposit account | | |
| Street Address: One Metropolitan Square, | Enclosed | | |
| Suite 2600 | None required (government interest not affecting | g title) | |
| City: St. Louis | 8. Payment Information | | |
| State: MO Zip: 63102 | a. Credit Card Last 4 Numbers Expiration Date | | |
| Phone Number: 314-621-5070 | ## ## | | |
| Fax Number: <u>314-621-5065</u> | b. Deposit Account Number 01-2384 | | |
| Email Address: prasche@armstrongteasdale.com | Authorized User Name Patrick W. Rasche | | |
| 9. Signature: () w. fl. h | | <u>s</u> | |
| Signature | Date 8 | 홍 호 | |
| Patrick W. Rasche | Total number of pages including cover | 2 | |
| Name of Person Signing | sheet, attachments, and documents: | | |
| Mail Stop Assignment Recordation Services, Director o | | VI PC:8021 | |

I

PATENT REEL: 017755 FRAME: 0473

.S. DEPARTMENT OF COMMERCE

ASSIGNMENT OF APPLICATION FOR PATENT

The undersigned, residing at the address (es) shown below, for and in consideration of One Dollar (\$1.00) and other valuable consideration, have assigned, sold and set over, and by these presents do assign, sell and set over unto GE YOKOGAWA MEDICAL SYSTEMS, LIMITED a corporation duly organized under the laws of Japan, and doing business at 7-127, Asahigaoka 4-chome, Hino-shi, Tokyo191-8503, Japan, for all foreign countries, full and exclusive right, title and interest in and to the invention entitled, **RADIATION CT SYSTEM AND DATA**ACQUISITION SYSTEM (16CT-JP04448), invented by the undersigned, and as fully set forth and described in the specification prepared and executed by the undersigned concurrently herewith, and to be filed concurrently herewith, preparatory to obtaining Letter Patents therefore; said invention, application and Letter Patent to be held and enjoyed by said GE YOKOGAWA MEDICAL SYSTEMS, LIMITED to the full end of the term for which said Letter Patent is granted, as fully and entirely as the same would have been held by the undersigned had this assignment and sale not been made.

| Execute | ed at <u>Tokyo</u> | _ Japan on _ | 001. 20, 2005 | |
|--|--------------------|--------------|---------------|--|
| Name ₋ | Koji Bessho | Signature | Hoji Bessho | |
| Address <u>GE Yokogawa Medical Systems, Ltd.</u> | | | | |
| 7-127, Asahigaoka 4-chome, Hino-shi, Tokyo 191-8503, Japan | | | | |

PATENT REEL: 017755 FRAME: 0474

| | Ē | |
|--|---|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| OMB No. 0651-0027 (exp. 6/30/2005) | United States Patent and Trademark Office | | | | | |
|--|--|--|--|--|--|--|
| RECORDATION FORM | | | | | | |
| 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)/Execution Date(s): | 2. Name and address of receiving party(ies) | | | | | |
| Koji Bessho | Name: GE Yokogawa Medical Systems, Limited | | | | | |
| · | Internal Address: | | | | | |
| <u>'</u> | 950 | | | | | |
| Execution Date(s) October 26, 2005 | 2. Name and address of receiving party(ies) Name: GE Yokogawa Medical Systems, Limited Internal Address: Street Address: 7-127, Asahigaoka 4-chome, | | | | | |
| Additional name(s) of conveying party(ies) attached? Yes No | Street Address: 7-127, Asahigaoka 4-chome, | | | | | |
| 3. Nature of conveyance: | Hino-shi | | | | | |
| Assignment Merger | City: <u>Tokyo</u> | | | | | |
| Security Agreement Change of Name | State: | | | | | |
| Government Interest Assignment | | | | | | |
| Executive Order 9424, Confirmatory License | Country: JAPAN Zip: 191-8503 | | | | | |
| Other | Additional name(s) & address(es) attached? ☐ Yes ✓ No | | | | | |
| 4. Application or patent number(s): | document is being filed together with a new application. | | | | | |
| A. Patent Application No.(s) | B. Patent No.(s) | | | | | |
| Additional numbers attached? | | | | | | |
| 5. Name and address to whom correspondence concerning document should be mailed: | 6. Total number of applications and patents involved: | | | | | |
| Name: Patrick W. Rasche | 7 Total foo (27 CED 1 21(h) 9 3 41) | | | | | |
| Internal Address: Armstrong Teasdale LLP | 7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00 | | | | | |
| The rid / dal coo. / which are in the rid in | ☐ Authorized to be charged by credit card ☐ Authorized to be charged to deposit account | | | | | |
| Ct-not Address: On Materiality Course | Enclosed | | | | | |
| Street Address: One Metropolitan Square, Suite 2600 | None required (government interest not affecting title) | | | | | |
| | 8. Payment Information | | | | | |
| City: St. Louis | | | | | | |
| State: MO Zip: 63102 | a. Credit Card Last 4 Numbers Expiration Date | | | | | |
| Phone Number: 314-621-5070 | | | | | | |
| Fax Number: <u>314-621-5065</u> | b. Deposit Account Number 01-2384 | | | | | |
| Email Address: prasche@armstrongteasdale.com | Authorized User Name Patrick W. Rasche | | | | | |
| 9. Signature: W. / W | | | | | | |
| Signature | April 12, 2006 Date | | | | | |
| Patrick W. Rasche | Total number of pages including cover | | | | | |
| Name of Person Signing | sheet attachments and documents: 2 | | | | | |

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

PATENT REEL: 017755 FRAME: 0475

RECORDED: 04/12/2006 [