

06-13-2006



RECORDATION
PATENTS ONLY
103256302

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

6-9-06

1. Name of conveying party(ies)
Patrick Zabinski
Rick Philpott

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

2. Name and address of receiving party(ies)
Name: Mayo Foundation For Medical Education
Internal Address: and Research

3. Nature of conveyance/Execution Date(s):
Execution Date(s) January 5, 2006
 Assignment Merger
 Security Agreement Change of Name
 Joint Research Agreement
 Government Interest Assignment
 Executive Order 9424, Confirmatory License
 Other _____

Street Address: 200 First Street SW

City: Rochester
State: MN
Country: USA Zip: 55905

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)
11/327,908

Additional numbers attached? Yes No

B. Patent No.(s)

OFFICE OF PUBLIC RECORDS
FINANCE SECTION
JUN 9 11 23 AM '06

5. Name and address to whom correspondence concerning document should be mailed:
Name: Barry E. Sammons
Internal Address: Quarles & Brady LLP

Street Address: 411 East Wisconsin Avenue

City: Milwaukee
State: WI Zip: 53202
Phone Number: 414.277.5705
Fax Number: 414.277.3552
Email Address: bes@quarles.com

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 17-0055
Authorized User Name _____

9. Signature: Barry E. Sammons
Signature

Barry E. Sammons
Name of Person Signing

Date: June 2, 2006

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

Docket Number: 630666.00052

Doc. No.: 5837527

11327908
0000018 170055
06/12/2006 11:23 AM
01 FD30021

Assignment

WHEREAS, the undersigned have/has made certain inventions which are described in an application for Letters Patent of the United States entitled :

DIFFERENTIAL SIGNAL TERMINATION BLOCK

and identified by Application Serial No. 11/327,908 preparatory to obtaining United States Letters Patent therefore, and WHEREAS,

Mayo Foundation for Medical Education and Research (hereafter referred to as said Company), a corporation of the state of Minnesota

and having a place of business at 200 First Street SW, Rochester MN 55905

is desirous of acquiring the entire interest in said inventions throughout the United States of America and the territories thereof, for all other countries and under all international agreements,

NOW, THEREFORE, for and in consideration of One Dollar (\$1.00), and other good and valuable consideration, receipt whereof is hereby acknowledged, the undersigned hereby sell(s), assign(s) and transfer(s) unto said Company, its successors and assigns, the entire right, title and interest throughout the United States of America and the territories thereof, for all foreign countries and under all international agreements in and to said inventions, the aforesaid application, all other applications hereafter filed in the United States, in any other country, or under any international agreement based in whole or in part on said inventions, and all Letters Patents granted upon said applications by the United States, by any other country or under any international agreement, and do hereby authorize and request the Commissioner of Patents and Trademarks to issue said Letters Patent to said Company. The undersigned further grant to said Company, its successors and assigns, the right to claim for any of said applications the full benefits and priority rights of any international agreement between the United States and any foreign country or countries of between any other countries.

The undersigned hereby warrant(s) that they/(s)he have/has the full right to make the conveyance herein, and hereby covenant(s) that the heirs, legal representatives and assigns of the undersigned, will when requested, communicate to said Company, its representatives, successors and assigns, all facts known respecting said inventions, execute all divisional, continuing, reissue, reexamination and foreign or international applications, together with individual assignment therefore, make all rightful oaths, sign all lawful papers, testify in any legal proceeding and generally do everything possible to aid said Company, its successors and assigns, in the obtaining of Letters Patent.

IN TESTIMONY WHEREOF, the undersigned have hereunto executed this assignment at the location and on the date indicated below.

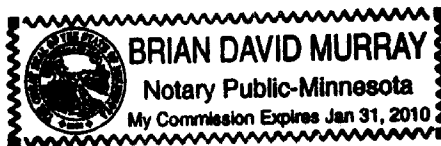
Signature: [Handwritten Signature]

STATE OF: MINNESOTA

Name: Patrick Zabinski

COUNTY OF: OLMSTED

Address: 808 Countryview Court SE



Stewartville, MN 55976

Date: 5/25/06

Before me on this 25th day of May, 2006, came Patrick Zabinski to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

[Handwritten Signature]
Notary Public,
State of MINNESOTA
My Commission Expires: 1.31.10

Signature: *Rula Philpott*

Name: Rick Philpott

Address: 2310 Stanley Lane NW

Rochester MN 55901

Date: MAY 25, 2006

STATE OF: MINNESOTA

COUNTY OF: OIMSTED



Before me on this 25th day of May, 2006, came Rick Philpott to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Brian Murray
Notary Public,
State of MINNESOTA
My Commission Expires: 1.31.10

Signature: _____

STATE OF:

Name: _____

COUNTY OF:

Address: _____

Date: _____

Before me on this _____ day of _____, _____, came to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Notary Public,
State of
My Commission Expires: _____

Signature: _____

STATE OF:

Name: _____

COUNTY OF:

Address: _____

Date: _____

Before me on this _____ day of _____, _____, came to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Notary Public,
State of
My Commission Expires: _____