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Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office103325984
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):

Daniel Cerundolo

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

3. Nature of conveyance/Execution Date(s):

Execution Date(s): October 16, 2006

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

2. Name and address of receiving party(ies)

Name: Arthroscopic Innovations LLC

Internal Address: _____

Street Address: _____

65 Winter Street

City: Weymouth

State: Massachusetts

Country: United States of America Zip: 02188

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

4. Application or patent number(s):

A. Patent Application No.(s)

☒ This document is being filed together with a new application.

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Robert E. Hunt
WOLF, GREENFIELD & SACKS, P.C.

Internal Address: _____

Street Address: Federal Reserve Plaza
600 Atlantic Avenue

City: Boston

State: MA Zip: 02210-2206

Phone Number: (617) 646-8000

Fax Number: (617) 646-8646

Email Address: rhunt@wolfgreenfield.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 _____

Authorized User Name _____

9. Signature:

Signature

October 17, 2006

Date

Robert E. Hunt - 39,231

Name of Person Signing

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

Express Mail Label No. EV493490150US

Dated: 10-17-06

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1095218.1PATENT
REEL: 018436 FRAME: 0218

ASSIGNMENT

For good and valuable consideration, the receipt of which is hereby acknowledged, I, the undersigned hereby:

1. Sell, assign and transfer to Arthroscopic Innovations LLC, a Delaware corporation having a place of business at 65 Winter Street, Weymouth, MA 02188, its successors, assigns and legal representatives, all hereinafter referred to as the Assignee, my entire right, title and interest for the United States and all foreign countries, in and to any and all inventions and designs which are disclosed in the application for United States Letters Patent executed of even date herewith and entitled METHOD AND APPARATUS FOR SURGICAL REPAIR, bearing attorney docket no. 00280.70005US00, and in and to said application and all non-provisional, divisional, continuing, substitute, renewal, reissue and all other applications for Letters Patent, utility models, industrial designs or similar intellectual property rights which have been or shall be filed in the United States, internationally, and in any foreign country on any of said inventions; and in and to all original and reissued patents which have been or shall be issued in the United States or any other jurisdiction on said inventions, including the right to apply for patent rights in each foreign country and all rights to priority;
2. Agree that said Assignee may apply for and receive Letters Patent and utility model and industrial design registrations for said inventions in its own name; and when requested, without charge to but at the expense of said Assignee, I agree to carry out in good faith the intent and purpose of this assignment, by executing all non-provisional, divisional, continuing, substitute, renewal, reissue, and all other patent, utility model and industrial design applications on any and all said inventions, by executing all rightful oaths, assignments, powers of attorney and other papers, by communicating to said Assignee all facts known to me relating to said inventions and the history thereof, and generally by doing everything reasonably possible which said Assignee shall consider desirable for aiding in securing and maintaining proper protection for said inventions and for vesting title to said inventions and all applications for patents and all patents on said inventions, in said Assignee;
3. Request the Honorable Director of the United States Patent and Trademark Office to issue said Letters Patent to said Assignee;
4. Authorize and request Wolf, Greenfield & Sacks, P.C. to supply any missing patent/application identification information or correct any errors in the patent/application identification information provided above, whether discovered prior to or after recordation;
5. Covenant with said Assignee that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by me and that full right to convey the same as herein expressed is possessed by me; and
6. Appoint Assignee, through its designee, my attorney-in-fact to execute, in my name and on my behalf, any and all documents required to effectuate this Assignment, specifically including, but not limited to, those documents specified above and any necessary corrective assignments.

This instrument is executed under seal.

OCTOBER 16, 2006
Date


Inventor: Daniel Cerundolo

Address: 4 Heather Lane
Hingham, MA 02043

Citizenship: US

STATE/Commonwealth of _____ :

COUNTY OF _____ :

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared Daniel Cerundolo, proved to me through satisfactory evidence of identification, which were _____, to be the person who signed the preceding or attached document in my presence and swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

SEAL _____
Notary Public

My commission expires _____