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U.S. DEPARTMENT OF COMMERCE  
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ET

Atty. Docket No.: HKN-00292(1502-165)

103318916

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)**

Richard Braga

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

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

Execution Date(s) September 28, 2006

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

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

Name: Tyco Healthcare Group LP

Internal Address: \_\_\_\_\_

Street Address: 15 Hampshire Street

City: Mansfield

State: MA

Country: US Zip: 02048

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)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Joseph W. Schmidt

Internal Address: Carter, DeLuca, Farrell & Schmidt LLP

Street Address: 445 Broadhollow Road

Suite 225

City: Melville

State: NY Zip: 11747

Phone Number: 631-501-5700

Fax Number: 631-501-3526

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 50-2140

Authorized User Name Joseph W. Schmidt

**9. Signature:**

Joseph W. Schmidt

Signature

September 29, 2006

Date

40.00 Joseph W. Schmidt  
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 4

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

PATENT

For: ☒ U.S. and/or ☒ Foreign Rights  
 For: ☒ U.S. Application or ☐ U.S. Patent  
 By : ☒ Inventor(s) or ☐ Present Owner

# ASSIGNMENT OF INVENTION

In consideration of the payment by ASSIGNEE to ASSIGNOR of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration, ASSIGNOR(S), Richard Braga residing at 231 Copley Drive, Taunton, MA 02780 hereby sells, assigns and transfers to

ASSIGNEE:

TycoHealthcare Group LP  
 (Type or print name of ASSIGNEE)

15 Hampshire Street  
 Address

Mansfield, MA 02048

USA  
 Nationality

and the successors, assigns and legal representatives of the ASSIGNEE

☒ the entire right, title and interest

☐ an undivided \_\_\_\_\_ percent (\_\_\_\_\_% ) interest for the United States and its territorial possessions

☒ and in all foreign countries, including all rights to claim priority,  
 in and to any and all improvements which are disclosed in the invention entitled:

## ACUTE HEMODIALYSIS CATHETER ASSEMBLY (title of invention)

and which is found in

- (a) ☒ U.S. patent application executed on even date herewith.
- (b) ☐ U.S. patent application executed on \_\_\_\_\_.
- (c) ☐ U.S. application Serial No. \_\_\_\_\_ filed on \_\_\_\_\_.
- (d) ☐ U.S. provisional application No. 60/ \_\_\_\_\_  
 filed on \_\_\_\_\_.
- (e) ☐ U.S. Patent No. \_\_\_\_\_ issued \_\_\_\_\_.
- (f) ☐ PCT application No. PCT/US \_\_\_\_\_  
 filed on \_\_\_\_\_.
- ☐ A change of address to which correspondence is to be sent regarding  
 patent maintenance fees is being sent separately.
- (g) ☒ and any legal equivalent thereof in a foreign country, including the right to claim priority and, in  
 and to, all Letters Patent to be obtained for said invention by the above application or any  
 continuation, continuation-in-part, divisional, renewal, or substitute thereof, and as to letters patent  
 any reissue or re-examination thereof

PATENT

REEL: 018446 FRAME: 0010

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment;

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal this 9/28/06 (Date of signing).

**WARNING:** Date of signing must be the **same as** the date of execution of the application if item (a) was checked above.

Richard Braga  
Richard Braga

28-SEP-06  
Dated

\_\_\_\_\_

\_\_\_\_\_  
Dated

\_\_\_\_\_

\_\_\_\_\_  
Dated

\_\_\_\_\_

\_\_\_\_\_  
Dated

If ASSIGNOR is a legal entity complete the following information

Type or print the name of the above person  
authorized to sign on behalf of ASSIGNOR

Title

NOTE: No witnessing, notarization or legalization is necessary. If the assignment is notarized or legalized then it will only be prima facie evidence of execution 35 USC 261. Use next page if notarization is desired.

[X] Notarization or Legalization Page Added.

Commonwealth of Massachusetts )  
 ) ss  
County of Bristol )

On this 28th day of September, 2006, before me, the undersigned notary public, personally appeared Richard Braga, proved to me through satisfactory evidence of identification, which were personal knowledge, to be the person whose name is signed on the preceding or attached document in my presence.

AFFIX SEAL



Julie D. Parker  
Notary Public



JULIE D. PARKER  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
April 28, 2011