

Form PTO-1595 (Rev. 08/05)
OMB No. 0651-0027 (exp. 6/30/2008)U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office**RECORDATION FORM COVER SHEET
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)

ConforMIS, Inc.

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No**3. Nature of conveyance/Execution Date(s):**Execution Date(s) November 3, 2006☐ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Joint Research Agreement☐ Government Interest Assignment☐ Executive Order 9424, Confirmatory License☒ Other Change of Address of Assignee**2. Name and address of receiving party(ies)**Name: ConforMIS, Inc.

Internal Address: _____

Street Address: 323 Vintage Park Drive, Suite CCity: Foster CityState: MACountry: US Zip: 94404Additional 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)

10/997,407

11/002,573

10/160,667

10/305,652

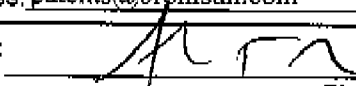
B. Patent No.(s)

Additional numbers attached? ☒ Yes ☐ No**5. Name and address to whom correspondence concerning document should be mailed:**Name: Alexander J. Smolenski, Jr., BROMBERG & SUNSTEIN LLPInternal Address: 125 Summer Street

Street Address: _____

City: BostonState: MA Zip: 02110-1618Phone Number: (617) 443-9292Fax Number: (617) 443-0004Email Address: patents@bromsun.com**6. Total number of applications and patents involved:** 11**7. Total fee (37 CFR 1.21(h) & 3.41) \$440.00**☐ 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 19-4972

Authorized User Name _____

9. Signature:

Signature

November 3, 2006

Date

Alexander J. Smolenski, Jr.

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 4Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
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Name and address of receiving party(ies)

Name: _____

Internal Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

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☐ Yes ☒ No**4. Application number(s) or patent number(s):**

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)10/681,74910/681,75010/704,20810/704,32510/724,010**B. Patent No.(s)**

Additional numbers attached?

☒ Yes ☐ No

**ATTACHMENT FOR RECORDATION FORM COVER SHEET
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Internal Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Additional name(s) & address(es) attached?

☐ Yes ☒ No**4. Application number(s) or patent number(s):**

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)10/728,73110/752,438

B. Patent No.(s)

Additional numbers attached?

☐ Yes ☒ No

NO DOCUMENTATION REQUIRED FOR ASSIGNEE'S CHANGE OF ADDRESS

U.S. Application Nos:

10/997,407
11/002,573
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10/681,749
10/681,750
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10/704,325
10/724,010
10/728,731
10/752,438

Our File Nos:

2960/120
2960/121
2960/103
2960/107
2960/112
2960/113
2960/114
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2960/116
2960/117
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