

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT										
NATURE OF CONVEYANCE:	ASSIGNMENT										
CONVEYING PARTY DATA											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>Michael R. Dupelle</td> <td>11/13/2006</td> </tr> <tr> <td>Michael Parascandola</td> <td>11/15/2006</td> </tr> <tr> <td>Marc Cordaro</td> <td>11/08/2006</td> </tr> <tr> <td>Sheldon S. White</td> <td>11/15/2006</td> </tr> </tbody> </table>		Name	Execution Date	Michael R. Dupelle	11/13/2006	Michael Parascandola	11/15/2006	Marc Cordaro	11/08/2006	Sheldon S. White	11/15/2006
Name	Execution Date										
Michael R. Dupelle	11/13/2006										
Michael Parascandola	11/15/2006										
Marc Cordaro	11/08/2006										
Sheldon S. White	11/15/2006										
RECEIVING PARTY DATA											
Name:	ZOLL Medical Corporation										
Street Address:	269 Mill Road										
City:	Chelmsford										
State/Country:	MASSACHUSETTS										
Postal Code:	01824-4105										
PROPERTY NUMBERS Total: 1											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Property Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Application Number:</td> <td>11481245</td> </tr> </tbody> </table>		Property Type	Number	Application Number:	11481245						
Property Type	Number										
Application Number:	11481245										
CORRESPONDENCE DATA											
Fax Number:	(877)769-7945										
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>											
Phone:	(617) 521-7039										
Email:	christiano@fr.com										
Correspondent Name:	G. Roger Lee										
Address Line 1:	FISH & RICHARDSON P.C.										
Address Line 2:	P.O.BOX 1022										
Address Line 4:	MINNEAPOLIS, MINNESOTA 55440-1022										
ATTORNEY DOCKET NUMBER:	04644-189001										
NAME OF SUBMITTER:	Maureen Christiano										

CH \$40.00 11481245

Total Attachments: 5

source=assign189#page1.tif

source=assign189#page2.tif

source=assign189#page3.tif

source=assign189#page4.tif

source=assign189#page5.tif

ASSIGNMENT

For valuable consideration, we, Michael R. Dupelle of N. Attleboro, MA; Michael Parascandola of Londonderry, NH; Marc Cordaro of Sudbury, MA; and Sheldon S. White of Brookline, MA; hereby assign to ZOLL MEDICAL CORPORATION, a corporation of Massachusetts, having a place of business at 269 Mill Road, Chelmsford, MA 01824-4105, and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by us, entitled CONDITION SENSOR FOR MEDICAL DEVICE PACKAGE, filed July 5, 2006, and assigned U.S. Serial Number 11/481,245; this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

DATE: November 13, 2006 Michael R. Dupelle
MICHAEL R. DUPELLE

STATE OF Rhode Island
COUNTY OF Providence) SS.

On November 13, 2006, before me, the undersigned, a notary public for the State of Rhode Island, there personally appeared MICHAEL R. DUPELLE personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

[Signature]
Notary Public
COMMISSION: 5-10-07

DATE: 11-15-06

[Signature]
MICHAEL PARASCANDOLA

STATE OF Massachusetts
COUNTY OF Middlesex SS.

On Nov 15 2006, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared MICHAEL PARASCANDOLA personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

[Signature]
Notary Public



DATE: 11/8/06

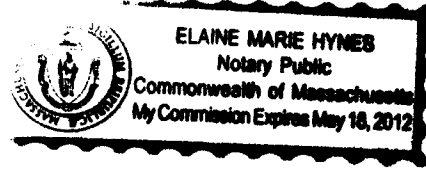
Marc Cordaro
MARC CORDARO

STATE OF Massachusetts
COUNTY OF Middlesex) SS.

On Nov 8 2006, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared MARC CORDARO personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Elaine Marie Hynes
Notary Public



DATE: 11/15/06

Sheldon S. White
SHELDON S. WHITE

STATE OF Rhode Island
COUNTY OF Providence } SS.

On November 15, 2006, before me, the undersigned, a notary public for the State of Rhode Island, there personally appeared SHELDON S. WHITE personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Patricia Gleason
Notary Public
COMMISSION: Expires 5-10-07

21394761.doc