

02-05-2007

RE

103369900
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)

1) Frank J. Viola

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

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

Execution Date(s) 08/16/04

- ☒ 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: 195 McDermott Road

Street Address: _____

City: North Haven

State: CT

Country: USA Zip: 06473

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: Neil Gershon

Internal Address: Tyco Healthcare Group LP

Street Address: 195 McDermott Road

City: North Haven

State: CT Zip: 06473

Phone Number: 203-845-1000

Fax Number: 203-492-8232

Email Address: _____

6. Total number of applications and patents involved: _____

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 21-0550

Authorized User Name Neil Gershon

9. Signature: _____

Signature

Date

Neil Gershon

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

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:

Frank J. Viola

(If assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO add the following)

Recorded on: _____
Reel _____
Frame _____

hereby sells, assigns and transfers to

ASSIGNEE: TYCO HEALTHCARE GROUP LP
150 Glover Avenue
Norwalk, CT 06856
USA

and the successors, assigns and legal representatives of the ASSIGNEE the entire right, title and interest, including the right to sue for present, past and future infringement, in the United States, its territorial possessions, and in all foreign countries, including all treaty and convention rights in and to the invention and any and all improvements entitled:

SURGICAL FASTENER APPLYING APPARATUS

which is described 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. patent no. _____ issued _____
(also check (e) if foreign application(s) is also being assigned)
- (e) ☐ International Application No. PCT/US03/08342 on 19 March 2003.
- (e) ☒ and any legal equivalent thereof in a foreign country, and, in and to, all United States and foreign Letters Patent, for the full term thereof, to be obtained for said invention by the above application or any provisional, continuation, division, renewal, extension or substitute thereof, and as to letters patent any re-issue or re-examination thereof;

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 hereby authorizes and requests the Commissioner of Patents and Trademarks to issue all such Letters Patent to ASSIGNEE:

ASSIGNOR further covenants to promptly provide all pertinent facts and documents known and accessible to ASSIGNOR relating to said invention and said Letters Patent and legal equivalents; to testify as to the same in any interference, litigation or proceeding related thereto; to execute and deliver any and all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patents which may be granted therefor in said ASSIGNEE, its successors, assigns or other legal representatives; to execute any provisional applications, continuations, additional or divisional applications for patents for said invention, or any part or parts thereof, and for the reissue of any Letters Patents to be granted therefor; and to make all rightful oaths and do all lawful acts requisite for procuring the same or for aiding therein, all without further compensation, but at the sole expense of ASSIGNEE, its successors, assigns, or other legal representatives.

ASSIGNOR hereby grants ASSIGNEE and Assignee's attorneys the power to insert the Serial No. and/or filing date of the above-described application(s) after such information becomes known to them.

IN WITNESS WHEREOF, I have hereunto set hand and seal.

INVENTORS:

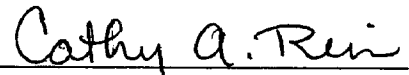

 Frank J. Viola

Dated: 8/16/04

State of Connecticut)

County of New Haven) ss North Haven

Before me this 16th day of August 2004,
 personally appeared Frank Viola to me personally known to be the person described in and who
 executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the
 purposes therein set forth.



Notary Public

AFFIX SEAL

Cathy A. Rein
 NOTARY PUBLIC
 State of Connecticut
 My Commission Expires 1/31/07

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)

1) Frank J. Viola

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

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

Execution Date(s) 1) 08/16/04

- ☒ 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: 195 McDermott Road

Street Address: _____

City: North Haven

State: CT

Country: USA Zip: 06473

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: Neil Gershon

Internal Address: Tyco Healthcare Group LP

Street Address: 195 McDermott Road

City: North Haven

State: CT Zip: 06473

Phone Number: 203-845-1000

Fax Number: 203-492-8232

Email Address: _____

6. Total number of applications and patents involved: _____

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 21-0550

Authorized User Name Neil Gershon

9. Signature:

Neil Gershon

Signature

1/24/07

Date

Neil Gershon

Name of Person Signing

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

3

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

RECORDED: 01/29/2007

PATENT
REEL: 018860 FRAME: 0446