

# PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Shin-ichiro Umemura	03/22/2007
Takashi Azuma	03/22/2007
Yuichi Miwa	03/22/2007
RECEIVING PARTY DATA	
Name:	Hitachi Medical Corporation
Street Address:	14-1, Sotokanda 4-chome, Chiyoda-ku,
City:	Tokyo
State/Country:	JAPAN
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11719770
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ATTORNEY DOCKET NUMBER:	520.47461X00
NAME OF SUBMITTER:	Melvin Kraus
Total Attachments: 2 source=47461X00ASN#page1.tif source=47461X00PTO1595#page1.tif	

OP \$40.00 11719770

**PATENT**

**500285187**

**REEL: 019350 FRAME: 0010**

# ASSIGNMENT

( 譲 渡 証 )

As a below named inventor, I hereby declare that:

IN CONSIDERATION of the sum of One Dollar (\$1.00) or the equivalent thereof, and other good and valuable consideration paid to me citizen of Japan by HITACHI Medical Corporation, a corporation organized under the laws of Japan, located at 14-1, Sotokanda 4-chome Chiyoda-ku, Tokyo, Japan, receipt of which is hereby acknowledged I do hereby sell and assign to said HITACHI Medical Corporation, its successors and assigns, all my right, title and interest, in and for the United States of America, in and to

## Ultrasonographic Device

invented by me (if only one is named below ) or us (if plural inventors are named below ) and described in the application for United States Letters Patent therefor, executed on even date herewith, and all United States Letters Patent which may be granted therefor, and all divisions, continuations and extensions thereof, the said interest being the entire ownership of the said Letters Patent when granted, to be held and enjoyed by said HITACHI Medical Corporation, its successors, assigns or other legal representatives, to the full end of term for which said Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by me or us if this assignment and sale had not been made;

And I hereby agree to sign and execute any further documents or instruments which may be necessary, lawful, and proper in the prosecution of the above-named application or in the preparation and prosecution of any continuing, continuation-in-part, substitute, divisional, renewal, reviewed or reissue applications or in any amendment, extension, or interference proceedings, or otherwise to secure the title thereto in said assignee;

And I do hereby authorize and request the Commissioner of Patents to issue said Letters Patent to said HITACHI Medical Corporation.

Signed on the date(s) indicated aside signatures:

INVENTOR(S) (発明者フルネームサイン)	Date Signed (署名日)
1) <u>Shin-ichiro Umemura</u> Shin-ichiro UMEMURA	<u>3/22/2007</u>
2) <u>Takashi Azuma</u> Takashi AZUMA	<u>3/22/2007</u>
3) <u>Yuichi Miwa</u> Yuichi MIWA	<u>3/22/2007</u>
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____

RECORDATION FORM COVER SHEET  
**PATENTS ONLY**

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

Attorney Docket No. 520.47461X00

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<b>1. Name of conveying party(ies):</b> Shin-ichiro UMEMURA Takashi AZUMA Yuichi MIWA  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>2. Name and address of receiving party(ies)</b> Name: <b>HITACHI MEDICAL CORPORATION</b>  Address: <b>14-1, Sotokanda 4-chome, Chiyoda-ku, Tokyo, Japan</b>  Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>3. Nature of conveyance/ Execution Date: March 22, 2007.</b>  <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other									
<b>4. Application number(s) or patent number(s):</b>  A. Patent Application No.(s)  <b>11/719,770</b>  Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> This document is being filed together with a new application.  B. Patent Registration No.(s)    Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>5. Name and address of party to whom correspondence concerning document should be mailed:</b>  Name: <b>ANTONELLI, TERRY, STOUT &amp; KRAUS, LLP</b>  Internal Address:  <b>1300 NORTH 17<sup>TH</sup> STREET – SUITE 1800</b>  City: <b>ARLINGTON</b> State: <b>VA</b> Zip <b>22209</b>  <b>Phone Number: (703) 312-6600</b> <b>Facsimile Number: (703) 312-6666</b> <b>Email Address: email@antonelli.com</b>		<b>6. Total number of applications and patents involved</b> <b>1</b>  <b>7. Total fee (37 CFR 3.41)..... \$40.00</b>  <input type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)  <b>8. Payment Information:</b>  a. Credit Card Last 4 numbers: 1156 Expiration date: 06/09  b. Deposit account number: 01-2135  Authorized User Name: Alfred A. Stadnicki							
<b>DO NOT USE THIS SPACE</b>									
<b>9. Statement and signature.</b> <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>  <table><tr><td><u>Melvin Kraus, Reg#22,466</u></td><td><u>/ Melvin Kraus/</u></td><td><u>05/29/2007</u></td></tr><tr><td>Name of Person Signing</td><td>Signature</td><td>Date</td></tr></table> Total number of pages including cover sheet, attachments, and document: <b>2</b>				<u>Melvin Kraus, Reg#22,466</u>	<u>/ Melvin Kraus/</u>	<u>05/29/2007</u>	Name of Person Signing	Signature	Date
<u>Melvin Kraus, Reg#22,466</u>	<u>/ Melvin Kraus/</u>	<u>05/29/2007</u>							
Name of Person Signing	Signature	Date							

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, VA 22313-1450