(Rev. 03-01) OMB No. 0851-0027 (exp. 5/31/2002) Patent and Trademark Offi Tab settings → → ↓ 103438172 Tab settings → → ↓ 103438172 To the Director of the United States 103438172 e attached original documents or copy thereof. 1. Name of conveying party(ies): Hani Kayyali, 7/19/2007 Daniel Bishop, 7/19/2007 Brian Kolkowski, 7/19/2007 Additional names(s) of conveying party(ies) Yes I No 3. Nature of conveyance: I Assignment I Merger Street Address: 4415 Euclid Ave, Suite 400	CEORM PT0.1595 (Modified) 08-21-2	Docket No.: CMD-058
Date and concentration Image: Street add residence on signal documents or copy thereof. Table binector of the United States 103438172 Image: add residence or concentration or copy thereof. I. Name of conveying party(les): Image: Add residence or conveying party(les): Image: Add residence or conveying party(les): Daniel Bishow, 7199/2007 Image: Cleveland Medical Devices inc. Image: Image: Cleveland Medical Devices inc. Additional names(s) of conveying party(les) Image: Image: Cleveland Medical Devices inc. Image: Image: Cleveland Medical Devices inc. Image:		2007 EET U.S. DEPARTMENT OF COMMERC
To the Director of the United States 103438172		Patent and Trademark Office
To the Director of the United States 100400 172		
Hani Kayyali, 7/19/2007 Daniel Bishop, 7/19/2007 Additional names(a) of conveyrance: Other City: Cleveland Other City: Cleveland Street Address: Additional number(s) If this document is being filed together with a new application, the execution date of the application is: July 19, 2007 A. Patent Application No.(s) B. Patent No.(s) B. Patent No.(s) B. Name: Enclosed - Any excess or isolficitory should be mailed. Name: Eveland Madress: Cleveland Medical Devices Internal Address: 40.00 Enclosed - Any excess or isolficitory should be credited to deposit	103430	.ne attached original documents or copy thereof.
Daniel Bishop, 7/19/2007 Brian Kolkowski, 7/19/2007 Additional names(s) of conveying party(es) Image: Assignment Image: Assignment <t< td=""><td>1. Name of conveying party(ies):</td><td>2. Name and address of receiving party(ies):</td></t<>	1. Name of conveying party(ies):	2. Name and address of receiving party(ies):
Additional names(s) of conveying partylies) Yes No 3. Nature of conveyance: Street Address: 4415 Euclid Avo, Suite 400 Security Agreement Change of Name City: Cleveland State: OH ZIP: 4410 Execution Date: 7/19/2007 Additional name(s) & address(s) attached? Yes No 4. Application number(s) or patent numbers(s): If this document is being filed together with a new application, the execution date of the application is: July 19, 2007 A. Patent Application No.(s) B. Patent No.(s) B. Patent No.(s) 5. Name and address of party to whom correspondence concerning document should be mailed. No.(s) 6. Total number of applications and patents involved. 1 Name: Brian M. Kolkowski 7. Total fee (37 CFR 3.41)		Name:Cleveland Medical Devices Inc
3. Nature of conveyance: □ □ Assignment □ □ Security Agreement □ □ Other □ Execution Date: 7/19/2007 Additional name(s) & address(es) attached? □ Yes No 4. Application number(s) or patent numbers(s): If this document is being filed together with a new application, the execution date of the application is: July 19, 2007 A. Patent Application No.(s) B. Patent No.(s) B. Patent No.(s) 5. Name and address of party to whom correspondence concerning document should be mailed: 7. Total fee (37 CFR 3.41)	Brian Kolkowski, 7/19/2007	Internal Address:
Image: Street Address: 4415 Euclid Ave, Suite 400 Street Address: 4415 Euclid Ave, Suite 400 Change of Name City: Other City: Execution Date: 7/19/2007 Additional name(s) & address(es) attached? Yes If this document is being filed together with a new application. the execution date of the application is: July 19, 2007 A. Patent Application No.(s) B. Patent No.(s) S. Name and address of party to whom correspondence 6. Total number of applications and patents involved: 1 Name: Brian M. Kolkowski 7. Total fee (37 CFR 3.41): \$ 40.00 Internal Address: Cleveland Medical Devices City: Cleveland deposit account Street Address: 4415 Euclid Ave, Suite 400 B. Deposit account number: Suite Address: 4415 Euclid Ave, Suite 400 B. Deposit account Street Address: 4415 Euclid Ave, Suite 400 B. Deposit account number: Suite Address: 4415 Euclid Ave, Suite 400 B. Deposit account number: Suite Address: 4415 Euclid Ave, Suite 400 B. Deposit account number: Suite Address: 4415 Euclid Ave, Suite 400 B. Deposit account number: Suite Address	Additional names(s) of conveying party(ies)	
Security Agreement Change of Name Other City: Cleveland State: OH ZIP: 4410 Execution Date: 7/19/2007 Additional name(s) & address(es) attached? Yes No 4. Application number(s) or patent numbers(s): If this document is being filed together with a new application, the execution date of the application is: July 19, 2007 A. Patent Application No.(s) B. Patent No.(s) B. Patent No.(s) 5. Name and address of party to whom correspondence concerning document should be mailed. 6. Total number of applications and patents involved: 1 Name: Brian M. Kolkowski 7. Total fee (37 CFR 3.41)	3. Nature of conveyance:	
□ Other City: Cleveland State: OH_ZIP: 4410 Execution Date: 7/19/2007 Additional name(s) & address(es) attached? Yes No 4. Application number(s) or patent numbers(s): If this document is being filed together with a new application, the execution date of the application is: July 19, 2007 A. Patent Application No.(s) B. Patent No.(s) B. Patent No.(s) 5. Name and address of party to whom correspondence concerning document should be mailed. 6. Total number of applications and patents involved: 1 Name: Brian M. Kolkowski 7. Total fee (37 CFR 3.41):S 40.00 Internal Address: Cleveland Medical Devices Enclosed - Any excess or insufficiency should be credited to deposit account Internal Address: 4415 Euclid Ave, Suite 400 8. Deposit account number: 502704 Street Address: 4415 Euclid Ave, Suite 400 8. Deposit account number: 502704 City: Cleveland State: OH_ZIP: 44103 Attach duplicate copy of this page if paying by deposit account) 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is full of adjustree field for document. Mumber of pages including cover sheet, attachments, and document. Date Tot	Assignment Merger	Street Address: 4415 Euclid Ave, Suite 400
Execution Date: 7/19/2007 Additional name(s) & address(es) attached? Yes No 4. Application number(s) or patent numbers(s): If this document is being filed together with a new application, the execution date of the application is: July 19, 2007 A. Patent Application No (s) B. Patent No (s) B. Patent No (s) 5. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: 1 Name: Brian M. Kolkowski 7. Total fee (37 CFR 3.41): \$ 40.00 Internal Address: Cleveland Medical Devices 6. Total number of applications and patents involved: 1 Street Address: 4415 Euclid Ave, Suite 400 8. Deposit account number: 502704 City: Cleveland State: OH ZIP: 44103 Voor Vuse THIS SPACE 9. Statement and signature. Sugnature Sugnature Sugnature To the best of my knowledge and belief, the foregoing information is yut and decoment. Signature Sugnature Date Name of Person Signing Signature Signature Total withore interviewent without the int	Security Agreement Change of Name	
4. Application number(s) or patent numbers(s): If this document is being filed together with a new application, the execution date of the application is: July 19, 2007 A. Patent Application No.(s) B. Patent No.(s) Additional numbers attached? Yes No S. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: 1 Name: Brian M. Kolkowski 7. Total fee (37 CFR 3.41)\$ 40.00 1 Internal Address: Cleveland Medical Devices 7. Total fee (37 CFR 3.41)\$ 40.00 1 Street Address: 4415 Euclid Ave, Suite 400 8. Deposit account number: 502704 City: Cleveland State: OH ZIP: 44103 (Attach duplicate copy of this page if paying by deposit account) Do NOT USE THIS SPACE 9. Statement and signature. 502704 502704 To the best of my knowledge and belief, the foregoing information is the and different and signature. Signature 502704 To the best of my knowledge and belief, the foregoing information is the and different and signature. Signature To the best of my knowledge and belief, the foregoing information is the and different and signature. To the best of my knowledge and belief, the foregoing information is the and doc	D Other	City: Cleveland State: OH ZIP: 44103
If this document is being filed together with a new application, the execution date of the application is: July 19, 2007 A. Patent Application No.(s) B. Patent No.(s) Additional numbers attached? Yes Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: Name: Brian M. Kolkowski 7. Total fee (37 CFR 3.41):	Execution Date: 7/19/2007	Additional name(s) & address(es) attached? Yes No
Additional numbers attached? Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: 1 Name: Brian M. Kolkowski 7. Total fee (37 CFR 3.41)		
Name: Brian M. Kolkowski 7. Total fee (37 CFR 3.41):\$ 40.00 Internal Address: Cleveland Medical Devices Enclosed - Any excess or insufficiency should be credited or debited to deposit account Street Address: 4415 Euclid Ave, Suite 400 Authorized to be charged to deposit account Street Address: 4415 Euclid Ave, Suite 400 8. Deposit account number: City: Cleveland State: OH Zity: State: <	5. Name and address of party to whom correspondence	
Name Internal Address: Cleveland Medical Devices Internal Address: Cleveland Medical Devices Enclosed - Any excess or insufficiency should be credited or debited to deposit account Authorized to be charged to deposit account Authorized to be charged to deposit account Beposit account number: 502704 City: Cleveland State: OH ZIP: 44103 Attach duplicate copy of this page if paying by deposit account) Do Not use This space 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is the and entrept and part of the original document. Brian M. Kolkowski Name of Person Signing Total number of pages including cover sheet, attachments, and document: Total number of pages including cover sheet, information to: 		
City: Cleveland State: OH ZIP: 44103 O NOT USE THIS SPACE 9. Statement and signature. (Attach duplicate copy of this page if paying by deposit account) Do NOT USE THIS SPACE 9. Statement. Strue copy of this page if paying by deposit account) Difference Signature. Signature. To the best of my knowledge and belief, the foregoing information is true and correct and my attached copy is a true copy of the original document. Signature Brian M. Kolkowski Signature Signature Total number of pages including cover sheet, attachments, and document: Date		
Street Address: 4415 Euclid Ave, Suite 400 8. Deposit account number: Street Address: 4415 Euclid Ave, Suite 400 9. State: OH ZIP: 44103 City: Cleveland State: OH ZIP: 44103 (Attach duplicate copy of this page if paying by deposit account) ONOT USE THIS SPACE 00 NOT USE THIS SPACE 9. Statement and signature. 00 NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and defreed and any attached copy is a true copy of the original document. 0. USE THIS SPACE Brian M. Kolkowski Signature 0. Date Name of Person Signing Signature 0. Date Total number of pages including cover sheet, attachments, and document: 0. Date	Name:	
Street Address: 4415 EUclid Ave, Suite 400	Name:	Enclosed - Any excess or insufficiency should be
City: Oleventing Oleventing DO NOT USE THIS SPACE 9. Statement and signature. 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. Brian M. Kolkowski Name of Person Signing Total number of pages including cover sheet, attachments, and document:	Name:	Enclosed - Any excess or insufficiency should be credited or debited to deposit account
DO NOT USE THIS SPACE 9. Statement and signature. 9. Statement and signature. 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. Brian M. Kolkowski Signature Name of Person Signing Date Total number of pages including cover sheet, attachments, and document:	Name Internal Address: Cleveland Medical Devices	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account Authorized to be charged to deposit account 8. Deposit account number:
of the original document. Brian M. Kolkowski Name of Person Signing Total number of pages including cover sheet, attachments, and document: Total number of pages including cover sheet information to:	Name.	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account Authorized to be charged to deposit account 8. Deposit account number: 502704
of the original document. Brian M. Kolkowski Name of Person Signing Total number of pages including cover sheet, attachments, and document: Total number of pages including cover sheet information to:	Name.	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account Authorized to be charged to deposit account 8. Deposit account number: 502704 (Attach duplicate copy of this page if paying by deposit account)
Brian M. Kolkowski Name of Person Signing Total number of pages including cover sheet, attachments, and document: Total number of pages including cover sheet information to:	Name.	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account Authorized to be charged to deposit account 8. Deposit account number: 502704 (Attach duplicate copy of this page if paying by deposit account)
Name of Person Signing Total number of pages including cover sheet, attachments, and document:	Name.	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account Authorized to be charged to deposit account 8. Deposit account number: 502704 (Attach duplicate copy of this page if paying by deposit account)
Total number of pages including contractive provided cover sheet information to:	Name.	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account Authorized to be charged to deposit account 8. Deposit account number: 502704 (Attach duplicate copy of this page if paying by deposit account) DT USE THIS SPACE Imation is true and correct and any attached copy is a true copy Muthod Date
Mail Stop Assignment (Stop Assignment Version P.O. Box 1450, Alexandria, VA 22010 Mail Director of the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22010 Mail	Name.	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account Authorized to be charged to deposit account 8. Deposit account number: 502704 (Attach duplicate copy of this page if paying by deposit account) DT USE THIS SPACE Imation is true and correct and any attached copy is a true copy Signature Date
	Name. Internal Address: Cleveland Medical Devices Internal Address: Cleveland Medical Devices Street Address: 4415 Euclid Ave, Suite 400 City: Cleveland State: OH ZIP: 44103 Oo NO Statement and signature. Do NO 9. Statement and signature. To the best of my knowledge and belief, the foregoing information of the original document. Do NO Brian M. Kolkowski Name of Person Signing Total number of pages including cover	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account Authorized to be charged to deposit account 8. Deposit account number: 502704 (Attach duplicate copy of this page if paying by deposit account) DT USE THIS SPACE Imation is true and correct and any attached copy is a true copy Signature attachments, and document: Date

, i i i i i i i i i i i i i i i i i i i	J.S. PTO
	1/880046
0	7/19/2007 Docket No.: CMD-058
OMB No. 0651-0027 (exp.5/31/2002)	27 - 2007 U.S. DEPARTMENT OF COMMERC Patent and Trademark Office
$Tab settings \rightarrow \rightarrow \rightarrow \qquad $	
To the Director of the United States Pate 1032	ached original documents or copy thereof.
1. Name of conveying party(ies):	2. Name and address of receiving party(ies):
Hani Kayyali,	Cloueland Medical Devices Inc.
Daniel Bishop, Brian Kolkowski	Name: Cleveland Medical Devices Inc.
Bhan Kokowski	internal Address:
Additional names(s) of conveying party(ies)	
3. Nature of conveyance:	
Assignment Merger	Street Address:4415 Euclid Ave, Suite 400
Security Agreement Change of Name	
Other	City: <u>Cleveland</u> State: <u>OH</u> ZIP: <u>4410</u>
Execution Date:	Additional name(s) & address(es) attached? Yes No
Additional numbers atta	ached? 🗍 Yes 🗖 No
 Name and address of party to whom correspondence concerning document should be mailed: 	6. Total number of applications and patents involved:
Name: Brian M. Kolkowski	- 7. Total fee (37 CFR 3.41):\$ 40.00
Internal Address: Cleveland Medical Devices	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account
	Authorized to be charged to deposit account
	8. Deposit account number:
Street Address:4415 Euclid Ave, Suite 400	
	61 FC:8021 40.00 0P
City: Cleveland State: OH ZIP: 44103	
City: <u>Cleveland</u> State: <u>OH</u> ZIP: <u>44103</u> DO N	OT USE THIS SPACE
9. Statement and signature. To the best of my knowledge and belief, the foregoing inf	Brmation is true and portect and any attached copy is a true copy
of the original document. Brian M. Kolkowski	~ ////////~~)//0/~~
	Mark Aller
I Name of Ferson Organis	Signature 4 Date
Total number of pages including of	Signature er sheet, attachments, and document: Date Date
Total number of pages metading e	Signature er sheet, attachments, and document: ad with required cover sheet information to:
Total number of pages including com	Signature er sheet, attachments, and document:

	ssignment of Rights, Title a (Multiple inventors;	nd Interest in Invention single assignee)	Docket No. CMD-058	
is is an Ass	ignment of the following rights, ti	itle and interest: (check all that apply):		
 United States of America rights, title and interest in the invention 				
	Foreign rights, title and interest i	n the invention		
	United States Patent Application	Serial No.		
	Date of Execution:	Date of Filing:		
	United States Provisional Patent	Application Serial No.		
	United States Patent No(s).			
	International (PCT) Patent Appl	ication Serial No.		
	Other (specify)			
Central Sle	eep Apnea	stem and Method for Improving Treat	ment of Subject with Complex and	
nventors (as	ssignors)			
	Name	Addr	ess	
		0000 Mandhury Rd	Shaker Heights OH 44120	
Hani Kayy	yali	3066 Woodbury Rd.	Shaker Heights, OH 44120 Tallmadge, OH 44278	
Dan Bisho	yali	3066 Woodbury Rd. 762 Beachler Rd. 6340 Taylor Road	Shaker Heights, OH 44120 Tallmadge, OH 44278 Leroy, OH 44077	
Dan Bisho	yali op	762 Beachler Rd.	Tallmadge, OH 44278	
Dan Bisho	yali op	762 Beachler Rd. 6340 Taylor Road	Tallmadge, OH 44278	
Dan Bisho	yali op	762 Beachler Rd. 6340 Taylor Road	Tallmadge, OH 44278 Leroy, OH 44077	
Dan Bisho Brian M.	yali op Kolkowski	762 Beachler Rd. 6340 Taylor Road	Tallmadge, OH 44278 Leroy, OH 44077	

PATENT REEL: 019735 FRAME: 0324 Whereas, we, the above-identified Inventors, have invented certain new and useful improvements in the Invention identified above and described in the above-identified patent application(s) and/or patent(s) (hereinafter referred to as "Invention");

And, whereas we desire to assign our above-identified rights, title and interest in the Invention to the above-identified Assignee;

Now, this indenture witnesseth, that for good and valuable consideration, the receipt whereof is hereby acknowledged;

We hereby assign, sell and transfer our above-identified rights, title and interest in said Invention, said application(s) as identified above, including any divisions, continuations, and continuations-in-part thereof, and in and to any and all Letters Patent of the United States, and countries foreign thereto, which may be granted or have granted for said Invention, and in and to any and all and to any and all reissues and reexaminations thereof, and in and to any and all priority rights, Convention rights, and other benefits accruing or to accrue to us with respect to the filing of applications for patents or securing of patents in the United States and countries foreign thereto, which may be applications for patents or securing of patents in the United States and countries foreign thereof, and in and to any and all priority rights, Convention rights, and other benefits accruing or to accrue to us with respect to the filing of applications for patents or securing of patents in the United States and countries foreign thereto, unto said Assignee;

And we hereby authorize and request the Director of the United States Patent and Trademark Office to issue any United States Letters Patent which may issue for said Invention to said Assignee, as assignee of the whole right, title and interest thereto;

And we further agree to sign and execute all necessary and lawful future documents, including applications for foreign patents, for filing divisions, continuations and continuations-in-part of said application for patent, and/or, for obtaining any reissue or reissues of any Letters Patent which may be granted for my aforesaid Invention, as the Assignee or its Designee(s) may from time to time require and prepare at its own expense.

Name	Signature/Date
Hani Kayyali	He Feggel
Dan Bishop	Der 19/07
Brian M. Kolkowski	12 Mali 190

Inventors' Signatures (if Notarization is desired, do not sign here and proceed to next page)

PATENT REEL: 019735 FRAME: 0325

Assignment of Rights, Title and Inter (Multiple inventors; single a	11	Docket No. CMD-058
(Although notarization is not necessary, it will be conside	<u>Notarization</u> red prima facie evidence of execution pursuar	nt 10 35 U.S.C. 261.)
Executed this 19 day of JAY	, in the year 2007 AC 45	zel:
State of Ohio	(Signature of Inv	vehtor)
County of Cuyahoga		
Before me personally appeared Hani Kayyali who acknowledged the foregoing instrument to be a f execute the same this for the day of CAROLE A. NITTSKOFF NOTARY PUBLIC for Cuyahoga County, OH My Commission Expires June 8, 2012 Executed this 19 day of July		ittsh
Executed this 19 day of July		
	(Signature of In	iventor)
State of Ohio		
County of Cuyahoga	0	
Before me personally appeared Dan Bishop who acknowledged the foregoing instrument to be a j execute the same this 1C1 day of CAROLE A. NITTSKOFF TARY PUBLIC for Cuyahoga County, OH My Commission Expires June 8, 2012	free act and deed and also represe , in the year 200 cure h. (Notary Pi	Itsk x
Executed this 19 day of July	, in the year (Signature of	Tiventor)
State of Ohio		·
County of Cuyahoga	\frown	
Before me personally appeared Brian M. Kolkowski who acknowledged the foregoing instrument to be a execute the same this 19 day of	free act and deed and also represent (n, n) the year $(2, 0)$	sented that he or she is authorized
CAROLE A. NITTSKOFF NOTARY PUBLIC for Cuyaboga County, CH Hy Commission Expires June 8, 2012	(Notary	Public)
	[Page 3 of 3]	
RECORDED: 07/19/2007	REEL	PATENT .: 019735 FRAME: 0326