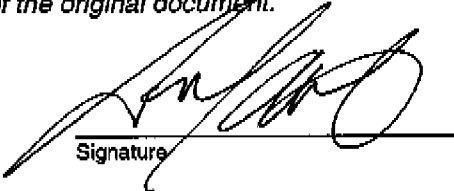


Substitute Form PTO-1595  
 Attorney Docket No.: 18196-072001  
 Client's Ref. No.: N07/20

## RECORDATION FORM COVER SHEET PATENTS ONLY

Commissioner for Patents: Please record the attached original document(s) or copy(ies).	
1. Name of conveying party(ies): Martin Joseph Crnkovich, Mohsen Reihanfam, Christian Schlaeper, Colin Weaver, Nelson Sun Au and Joseph J. Molinari Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Fresenius Medical Care Holdings, Inc. 920 Winter St. Waltham, MA 02451-1457 Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: 11/16/2007; 11/07/2007; 10/25/2007; 11/27/2007; 12/04/2007; 12/04/2007	Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: A. Patent Application No(s): 29/295,011 B. Patent No(s): Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name/address of party to whom correspondence concerning document should be mailed: GILBERT H. HENNESSEY Fish & Richardson P.C. 225 Franklin Street Boston, MA 02110	6. Total number of applications/patents involved: 1 7. Total fee (37 CFR §3.41): \$40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to charge Deposit Account. 8. Deposit Account No.: 06-1050 Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050.
<b>DO NOT USE THIS SPACE</b>	
9. Statement and Signature: <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>	
Timothy A. French Reg. No. 30,175 Name of Person Signing	 Signature
December 21, 2007 Date	
Total number of pages including coversheet, attachments and document: 11	

21814540.doc

### CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Trademark Office on the date indicated below.

December 21, 2007  
 Date of Transmission

Signature



Sherry L. Hunt  
 Typed Name of Person Signing Certificate

### PATENT

700354586

### REEL: 020293 FRAME: 0507

CH \$40.00 061050 29295011

Attorney Docket No.: 18196-072001N07/20

ASSIGNMENT

For valuable consideration, we, Martin Joseph Crnkovich, of 3436 Cassena Drive, Walnut Creek, CA 94598; Mohsen Reihanifam, of P.O. Box 7183, Rancho Santa Fe, CA 92067; Christian Schlaeper, of <sup>4379 Heartwood Ct</sup> ~~4231 Cuneo Dr.~~, <sup>94521</sup> Concord, CA 94518; Colin Weaver, of 680 Neal Street, Pleasanton, CA 94566; Nelson Sun Au, of 211 Mainsail Court, Foster City, CA 94404; Joseph J. Molinari, of 218 Alameda de las Pulgas, Redwood City, CA 94062; hereby assign to FRESENIUS MEDICAL CARE HOLDINGS, INC., a corporation of New York, having a place of business at 920 Winter St., Waltham, MA 02451-1457, 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 DIALYSIS MACHINE, filed September 19, 2007, and assigned U.S. Serial Number 29/295,011, 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.

C. Miller

Attorney Docket No.: 18196-072001N07/20

DATE: 11/16/2007

Martin Joseph Crnkovich  
MARTIN JOSEPH CRNKOVICH

STATE OF \_\_\_\_\_ )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, before me, the undersigned, a notary public for the State of \_\_\_\_\_, there personally appeared MARTIN JOSEPH CRNKOVICH 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.

\_\_\_\_\_  
Notary Public

DATE: \_\_\_\_\_

Mohsen Reihanifam  
MOHSEN REIHANIFAM

STATE OF \_\_\_\_\_ )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, before me, the undersigned, a notary public for the State of \_\_\_\_\_, there personally appeared MOHSEN REIHANIFAM 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.

\_\_\_\_\_  
Notary Public

### CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA

COUNTY OF Contra Costa

On 11-16-07

DATE

before me, N. Sanchez, Notary Public

NAME, TITLE OF OFFICER (E.G., "JANE DOE, NOTARY PUBLIC)

personally appeared, Martin Joseph Crnkovich

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

N. Sanchez  
NOTARY PUBLIC SIGNATURE

(SEAL)



#### OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT \_\_\_\_\_

DATE OF DOCUMENT \_\_\_\_\_

NUMBER OF PAGES \_\_\_\_\_

SIGNERS(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

SIGNER'S NAME \_\_\_\_\_

SIGNER'S NAME \_\_\_\_\_

RIGHT THUMBPRINT  
[Empty box for right thumbprint]

RIGHT THUMBPRINT  
[Empty box for right thumbprint]

### CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA )

COUNTY OF Contra Costa )

On 11-07-07

DATE

before me,

N. Sanchez Notary Public  
NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

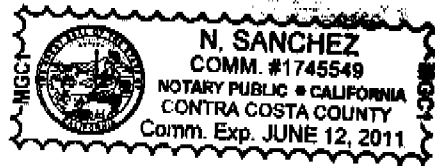
personally appeared Mrs. Beisenjam

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

N. Sanchez  
NOTARY PUBLIC SIGNATURE

(SEAL)



#### OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT \_\_\_\_\_

DATE OF DOCUMENT \_\_\_\_\_

NUMBER OF PAGES \_\_\_\_\_

SIGNERS(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

SIGNER'S NAME \_\_\_\_\_

SIGNER'S NAME \_\_\_\_\_

RIGHT THUMBPRINT

RIGHT THUMBPRINT

Attorney Docket No.: 18196-072001N07/20

DATE: 25-Oct-07

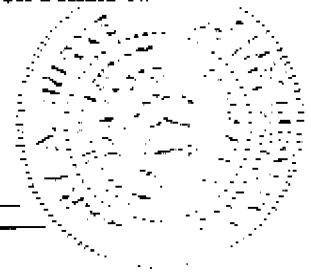
Christian Schlaeper  
CHRISTIAN SCHLAEPER

STATE OF Massachusetts  
COUNTY OF Middlesex } SS.

On 25th Oct. 2007, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared CHRISTIAN SCHLAEPER 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.

Mary Burke  
Notary Public



DATE: 10/25/2007

\_\_\_\_\_  
COLIN WEAVER

STATE OF Massachusetts  
COUNTY OF Middlesex } SS.

On October 25 2007, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared COLIN WEAVER 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.

\_\_\_\_\_  
Notary Public

Attorney Docket No.: 18196-072001N07/20

DATE: \_\_\_\_\_ CHRISTIAN SCHLAEPER

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.

On \_\_\_\_\_, before me, the undersigned, a notary public for the State of \_\_\_\_\_, there personally appeared CHRISTIAN SCHLAEPER 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.

\_\_\_\_\_  
Notary Public

DATE: 11/27/07 Colin Weaver  
COLIN WEAVER

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.

On \_\_\_\_\_, before me, the undersigned, a notary public for the State of \_\_\_\_\_, there personally appeared COLIN WEAVER 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.

\_\_\_\_\_  
Notary Public

### CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA

COUNTY OF Contra Costa

On 11-27-07 before me, N. Sanchez, Notary Public  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared, Colin Weaver

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

N. Sanchez (SEAL)  
NOTARY PUBLIC SIGNATURE



#### OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT

TITLE OR TYPE OF DOCUMENT \_\_\_\_\_

DATE OF DOCUMENT \_\_\_\_\_ NUMBER OF PAGES \_\_\_\_\_

SIGNERS(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

SIGNER'S NAME \_\_\_\_\_ SIGNER'S NAME \_\_\_\_\_

RIGHT THUMBPRINT  
[Empty box for right thumbprint]

RIGHT THUMBPRINT  
[Empty box for right thumbprint]



### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }  
County of SAN MATEO } ss.

On Dec 4, 2007 before me, SARAH E HOKE, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared WELSON SUN AU  
Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence



to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

WITNESS my hand and official seal.

Sarah E. Hoke  
Signature of Notary Public

#### OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

#### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

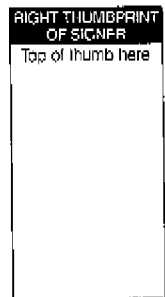
Signer(s) Other Than Named Above: \_\_\_\_\_

#### Capacity(ies) Claimed by Signer

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }  
County of SAN MATEO } ss.

On Dec 4, 2004 <sup>5<sup>PM</sup></sup> before me, SARAH E HOKE, Notary Public  
Date Name and Title of Officer (e.g., Jane Doe, Notary Public)

personally appeared JOSEPH SOHW MOLIVARI  
Name(s) of Signer(s)

personally known to me  
 proved to me on the basis of satisfactory evidence

to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity~~(ies)~~, and that by his/~~her~~/their signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.



WITNESS my hand and official seal.

Sarah E Hoke  
Signature of Notary Public

#### OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

#### Description of Attached Document

Title or Type of Document: Patent Assignment (Atty Docket No. 18196072001)

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

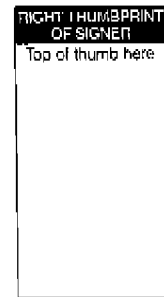
Signer(s) Other Than Named Above: \_\_\_\_\_

#### Capacity(ies) Claimed by Signer

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



Attorney Docket No.: 18196-072001N07/20

DATE: 12/04/07

[Signature]  
NELSON SUN AU

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.

On \_\_\_\_\_, before me, the undersigned, a notary public for the State of \_\_\_\_\_, there personally appeared NELSON SUN AU 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.

See attached Notary Acknowledgment  
Notary Public

DATE: 12/04/07

[Signature]  
JOSEPH J. MOLINARI

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.

On \_\_\_\_\_, before me, the undersigned, a notary public for the State of \_\_\_\_\_, there personally appeared JOSEPH J. MOLINARI 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.

See attached Notary Acknowledgment  
Notary Public

21764323.doc