

PATENT ASSIGNMENT

Electronic Version v1.1

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SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Serial Number previously recorded on Reel 019554 Frame 0582. Assignor(s) hereby confirms the Assignment.
CONVEYING PARTY DATA	
Name	Execution Date
Michael Berman	07/19/2001
RECEIVING PARTY DATA	
Name:	Velocimed, LLC
Street Address:	11400 73rd Avenue North, Suite 134
City:	Maple Grove
State/Country:	MINNESOTA
Postal Code:	55369
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11824451
CORRESPONDENCE DATA	
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ATTORNEY DOCKET NUMBER:	891,144-028
NAME OF SUBMITTER:	Ria Manguray
Total Attachments: 4 source=BermanCorrectiveAssignment#page1.tif source=BermanCorrectiveAssignment#page2.tif source=BermanCorrectiveAssignment#page3.tif source=BermanCorrectiveAssignment#page4.tif	

CH 11824451 \$40.00

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REEL: 020438 FRAME: 0259

07-13-2007

Form PTO-1595 (Rev. 08/05)
OMB No. 0651-0027 (exp. 6/30/2008)U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

103426067

Atty Docket: 891,144-028

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)
Michael Berman

2. Name and address of receiving party(ies)

Name: Velocimed LLC

Internal Address: _____

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

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

Execution Date(s) July 19, 2001☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Joint Research Agreement☐ Government Interest Assignment☐ Executive Order 9424, Confirmatory License☐ Other _____Street Address: 11400 73rd Avenue NorthSuite 134City: Maple GroveState: MinnesotaCountry: US Zip: 55369Additional 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)

JUN 29 2007

Additional numbers attached? ☐ Yes ☒ NO

5. Name and address to whom correspondence concerning document should be mailed:

Name: John KapposInternal Address: O'Melveny & Myers LLPStreet Address: 610 Newport Center DriveSuite 1700City: Newport BeachState: CA Zip: 92660-6429Phone Number: (949) 760-9600Fax Number: (949) 823-6994Email Address: jkappos@omm.com6. Total number of applications and patents involved: one7. 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 50-2862Authorized User Name Diane K. Wong9. Signature: Diane K. Wong

Signature

June 28, 2007

Date

Diane K. Wong

Name of Person Signing

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

07/12/2007 DBYRNE 00000099 502862 WONG D

01 FC:8021

(40.00 DA)

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, V.A. 22313-1450

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