

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Spacelabs Medical LLC	06/13/2008
RECEIVING PARTY DATA	
Name:	Spacelabs Healthcare, LLC
Street Address:	5150 220th Avenue SE
City:	Issaquah
State/Country:	WASHINGTON
Postal Code:	98029
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	5253648
CORRESPONDENCE DATA	
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<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	9497952386
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Correspondent Name:	Hazim Ansari
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Address Line 4:	Irvine, CALIFORNIA 92604
ATTORNEY DOCKET NUMBER:	5253648_SPCMINC_SPCHLLC
NAME OF SUBMITTER:	Hazim Ansari
Total Attachments: 2 source=5253648_SMItoSHLLC#page1.tif source=5253648_SMItoSHLLC#page2.tif	

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ASSIGNMENT

WHEREAS, Spacelabs Medical, Inc., located at 5150 220th Avenue SE, Issaquah, WA, 98029, USA, is the current assignee of the entire right, title, and interest in and to certain new and useful improvements in United States Patent Number 5,253,648, issued on October 19, 1993, entitled "Method and Apparatus for Excluding Artifacts From Automatic Blood Pressure Measurements" ("Patent");

AND WHEREAS, Spacelabs Healthcare, LLC (hereinafter "ASSIGNEE"), a corporation, with its principal place of business at located at 5150 220th Avenue SE, Issaquah, WA, 98029, USA, desires to acquire the entire right, title, and interest in and to the said improvements and the said Patents;

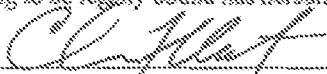
NOW, THEREFORE, in consideration of good and valuable consideration, the receipt of which is hereby acknowledged, I, on behalf of Spacelabs Medical, Inc., do hereby acknowledge that it has sold, assigned, transferred and set over, and by these presents do hereby sell, assign, transfer and set over, unto the said ASSIGNEE, its successors, legal representatives and assigns, the entire right, title, and interest throughout the world in, to and under the said improvements, and the said Patents and all provisional applications relating thereto, and all divisions, renewals and continuations or continuations-in-part thereof, and all Letters Patent of the United States which may be granted thereon and all reissues and extensions thereof, and all rights of priority under International Conventions and applications for Letters Patent which may hereafter be filed for said improvements in any country or countries foreign to the United States, and all Letters Patent which may be granted for said improvements in any country or countries foreign to the United States and all extensions, renewals and reissues thereof; and it hereby authorizes and requests the Commissioner of Patents of the United States, and any Official of any country or countries foreign to the United States, whose duty it is to issue patents on applications as aforesaid, to issue all Letters Patent for said improvements to the said ASSIGNEE, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND SPACELABS MEDICAL, INC. HEREBY covenants and agrees that it will communicate to the said ASSIGNEE, its successors, legal representatives and assigns, any facts known to it respecting said improvements, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid the said ASSIGNEE, its successors, legal representatives and assigns, to obtain and enforce proper patent protection for said improvements in all countries.

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IN TESTIMONY WHEREOF, Assignor intending to be legally bound has hereunto affixed his signature.

This 13th day of June, 2008

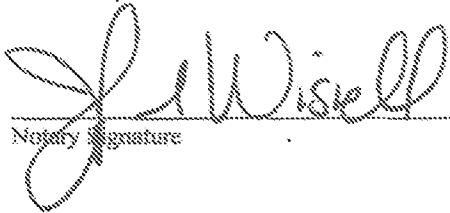

Signature of Clarence West, Legal Counsel and Asst. Secretary
Representative of Spacelabs Medical, Inc.

STATE OF _____ }
COUNTY OF _____ } ss.

On 6/13/08, before me, Jennik Wisell, personally appeared Clarence West known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

{SEAL}


Notary Signature

