

Form PTO-1595  
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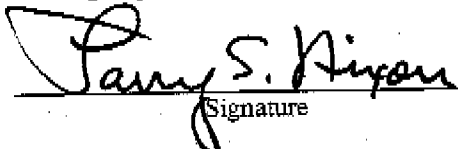
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Our Ref.: LSN-160-590

PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies):  Yasutake YASUHARA</p> <p>Additional name/s of conveying party/ies attached? <input type="checkbox"/></p> <p>3. Nature of conveyance:  <input checked="" type="checkbox"/> Assignment      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Assignment      <input type="checkbox"/> Change of Name  <input checked="" type="checkbox"/> Other Correction of inadvertent error in spelling of first assignee's name as recorded July 15, 2008, on Reel 21236 at Frame 703.</p> <p>Execution Date: <u>June 24, 2008</u></p>	<p>2. Name and address of receiving party(ies):</p> <p>1) Name: KABUSHIKI KAISHA TOSHIBA Street Address: 1-1, Shibaura 1-chome, Minato-ku City: Tokyo State/Country: Japan      Zip: 105-8001</p> <p>2) Name TOSHIBA MEDICAL SYSTEMS CORPORATION Street Address: 1385, Shimoishigami, Otawara-shi City: Tochigi State: Japan      Zip: 324-8550</p> <p>Additional name/s &amp; address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Application number(s) or patent number(s): <input type="checkbox"/> This assignment is being filed together with a new application.</p> <p>A. Patent Application No(s). (1) 12/173,100 (2) (3)</p> <p>B. Patent No(s). (1) (2) (3)</p> <p>Additional numbers attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>6. Total number of applications &amp; patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41) \$ <u>40.00</u>  <input checked="" type="checkbox"/> Enclosed  <input type="checkbox"/> Authorized to be charged to deposit account #14-1140</p> <p>8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Larry S. Nixon</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>Nixon &amp; Vanderhye P.C.</u> <u>901 North Glebe Road</u> <u>11th Floor</u></p> <p>City: <u>Arlington</u> State: <u>VA</u> Zip: <u>22203</u></p>	
<p style="text-align: center;"><b>DO NOT USE THIS SPACE.</b></p>	
<p>9. Statements 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.</p> <p><u>Larry S. Nixon</u>            <u>July 30, 2008</u> Name of Person Signing      Signature      Date Reg. No. 25,640</p> <p>Total number of pages including original cover sheet, attachments, and document: [ <u>7</u> ]</p>	

CH \$40.00 141140 12173100

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.

TO:NIXON & VANDERHYE, PC COMPANY:901 NORTH GLEBE ROAD, 11TH FLOOR

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

**07/15/2008**  
**500592296**

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
Name	Execution Date
Yasutake YASUHARA	06/24/2008
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	KABUSHIKI KAISHA TOSHIBA
<b>Street Address:</b>	1-1, Shibaure 1-chome, Minato-ku
<b>City:</b>	Tokyo
<b>State/Country:</b>	JAPAN
<b>Postal Code:</b>	105-8001
<b>Name:</b>	Toshiba Medical Systems Corporation
<b>Street Address:</b>	1385, Shimoishigami
<b>City:</b>	Otawara-shi Tochigi
<b>State/Country:</b>	JAPAN
<b>Postal Code:</b>	324-8550
<b>PROPERTY NUMBERS Total: 1</b>	
Property Type	Number
Application Number:	12173100
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(703)816-4100
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
<b>Phone:</b>	703-816-4000
<b>Email:</b>	cmg@nixonvan.com
<b>Correspondent Name:</b>	NIXON & VANDERHYE, PC
<b>Address Line 1:</b>	901 NORTH GLEBE ROAD, 11TH FLOOR
<b>Address Line 4:</b>	ARLINGTON, VIRGINIA 22203
<b>ATTORNEY DOCKET NUMBER:</b>	LSN-160-590

OP \$40.00 12173100

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7/15/2008 3:04:10 PM PAGE 5/005 Fax Server

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NAME OF SUBMITTER:

Larry S. Nixon

Total Attachments: 2

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PATENT

REEL: 021319 FRAME: 0685

## A S S I G N M E N T

98G200488-USA-A  
(08S0427-1)

In consideration of value received, I, having a residence as stated below above my name, the sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are listed below) of an invention described in an application for United States patent entitled:

## MAGNETIC RESONANCE IMAGING APPARATUS, SETTING SUPPORTING APPARATUS, AND SETTING SUPPORTING METHOD

have sold and assigned and do hereby sell and assign to

1. KABUSHIKI KAISHA TOSHIBA, a Japanese corporation, having a business address at 1-1, Shibaura 1-chome, Minato-ku, Tokyo 105-8001, Japan; and
2. Toshiba Medical Systems Corporation, a Japanese corporation, having a business address at 1385, Shimoishigami, Otawara-shi, Tochigi 324-8550, Japan

its successors, assigns or nominees, hereinafter referred to as "Assignee", my entire right, title and interest in and to said invention as disclosed, shown and described in said United States patent application:

(check one)  executed concurrently herewith  
 executed on  
 Application No. , filed ;

and in and to all applications for patent and patents for invention including all divisions, reissues, continuations, substitutes and extensions thereof and all rights arising under or pursuant to any and all international agreements, treaties or laws relating to the protection of industrial property, including rights of priority, resulting from the filing of any of said applications; and I authorize and request any official whose duty is to issue patents, to issue any patent on said invention or resulting therefrom to said Assignee, and I agree that on request and without further consideration, but at the expense of said Assignee, I will communicate to said Assignee or its representatives all facts known to me respecting said invention and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuing, continued prosecution, reissue, or other applications, make all rightful oaths and declarations, and generally do everything possible to aid said Assignee to obtain and enforce proper patent protection for said invention.

I hereby grant the following law firm the power to insert on this Assignment any further identification which may be necessary or desirable in order to comply with the Rules of the U.S. Patent and Trademark Office for recordation of this document.

Nixon & Vanderhye P.C., 11th Floor 901 North Glebe Road, Arlington, Virginia 22203-1808

## ASSIGNMENT

98G200488-USA-A  
(08S0427-1)

[1st Inventor]

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Mailing Address: c/o Intellectual Property Division, Toshiba Medical Systems Corporation, 1385,  
Shimoishigami, Otawara-shi, Tochigi 324-8550, Japan

Citizenship: Japan

*Yasutake Yasuhara*  
\_\_\_\_\_  
Yasutake Yasuhara

Date:

*June 24, 2008*  
\_\_\_\_\_