12/286644 09/30/2008 Form PTO-1595 (Rev. 09-08) OMB No. 0651-0027 (exp. 10/31/2008)	10-17-2008 INT OF COMMERCE
RECORDATION PATE.	103530168
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1. Name of conveying party(ies)	2. Name and address of receiving party(ies)
Giuseppe M. Prisco	Name: Intuitive Surgical, Inc. Internal Address:
Additional name(s) of conveying party(ies) attached? Yes X 3. Nature of conveyance/Execution Date(s): Execution Date(s) <u>September 30, 2008</u>	No Street Address: <u>1266 Kifer Road, Bldg. 101</u>
Assignment Merger Security Agreement Change of Name	City: Sunnyvale
Joint Research Agreement	State: California
Government Interest Assignment Executive Order 9424, Confirmatory License	Country: USA Zip: 94086
Other	Additional name(s) & address(es) attached? 🗌 Yes 🔀
Additional numbers	s attached? Yes XNo
Additional numbers 5. Name and address to whom correspondence concerning document should be mailed:	6. Total number of applications and patents
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5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Intuitive Surgical, Inc.</u>	6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00 X Authorized to be charged to deposit account Enclosed
5. Name and address to whom correspondence concerning document should be mailed: Name:Intuitive Surgical, Inc. Internal Address: Street Address: 1266 Kifer Road, Bldg. 101	6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00 X Authorized to be charged to deposit account
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5. Name and address to whom correspondence concerning document should be mailed: Name:Intuitive Surgical, Inc. Internal Address: Street Address: 1266 Kifer Road, Bldg. 101 City: Sunnyvale State: California Zip: 94086 Phone Number: (408) 523-1390	6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00 X Authorized to be charged to deposit account Enclosed None required (government interest not affecting
5. Name and address to whom correspondence concerning document should be mailed: Name:Intuitive Surgical, Inc. Internal Address: Street Address: 1266 Kifer Road, Bidg. 101 City: Sunnyvale State: California Zip: 94086 Phone Number: (408) 523-1390 Fax Number: Email Address:	6. Total number of applications and patents involved: 1
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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

ASSIGNMENT OF APPLICATION FOR PATENT

WHEREAS I/we:

GIUSEPPE PRISCO 347 SIERRA VISTA AVE #3 MOUNTAIN VIEW CALIFORNIA 94043

(hereinafter referred to as Assignor(s)), have invented a certain invention entitled: PASSIVE PRELOAD AND CAPSTAN DRIVE FOR SURGICAL INSTRUMENTS for which application for Letters Patent in the United States is to be filed.

For good and valuable consideration, receipt of which is hereby acknowledged, I/WE hereby sell, assign, and transfer to:

Intuitive Surgical, Inc.

a Delaware corporation having a place of business at 1266 KIFER RD, BLDG 101, SUNNYVALE, CALIFORNIA 94086 and its successors and assigns, the entire right, title, and interest throughout the world in MY/OUR invention, for which I/WE have executed the above mentioned United States patent application, and all patent applications and patents of every country for said invention, including divisions, reissues, continuations, and extensions thereof, and all rights of priority resulting from the filing of said applications; I/WE authorize the above-named assignee to apply for patents of foreign countries for said invention, and to claim all rights of priority without further authorization from me; I/WE agree to execute all papers useful in connection with said United States and foreign applications, and generally to do everything possible to aid said assignee, their successors, assigns, and nominees, at their request and expense, in obtaining and enforcing patents for said invention in all countries; and I/we request that the Commissioner of Patents and Trademarks to issue all

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patents granted for said invention to the above-named assignee, its successors, and assigns. I hereby authorize and request my attorney to insert here in parentheses (__/___,___; _____) the application number and filing date of said application when known.

Signatures SEPPE M. PRISCO 7008 Date

Y

Witnessed by:

): 11:Au

Print Name

2 PATENT REEL: 021704 FRAME: 0489

RECORDED: 09/30/2008