

10-22-2008

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office



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103530943

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)

Ronald W. Schutz, M.D.; Scott S. Corbett III; Kenneth N. Bates; William McDonough; Albert H. Krause, Jr., M.D.

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

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

Execution Date(s) 8/22/2008; 9/03/2008; 9/24/2008; 7/21/08

☒ Assignment

☐ Merger

☐ Security Agreement

☐ Change of Name

☐ Joint Research Agreement

☐ Government Interest Assignment

☐ Executive Order 9424, Confirmatory License

☐ Other

2. Name and address of receiving party(ies)

Name: Blacktoe Medical III, Inc.

Internal Address: _____

Street Address: 2222 NW Lovejoy, Suite 512

City: Portland

State: OR

Country: U.S.A. Zip 97210

Additional 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)

11/895,607; 11/895,613; 11/895,612; 11/895,610

Additional numbers attached? ☐ Yes ☒ No

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

Name: Brenna K. Legaard

Internal Address: _____

Street Address: 601 SW Second Avenue, Suite 1600

City: Portland

State: Oregon

Zip 97204-3157

Phone Number: (503) 227-5631

Fax Number: (503) 228-4373

Email Address: brenna@chernofflaw.com

6. Total number of applications and patents involved: 4

7. Total fee (37 CFR 1.21(h) & 3.41) \$160.00

☐ Authorized to be charged to deposit account

☒ Enclosed

☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number: 03-1558-036 11495567

Authorized User Name: Chernoff, Vilhauer, et al 160.00 CP

9. Signature:

Signature

October 17, 2008

Date

Brenna K. Legaard

Name of Person Signing

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

8

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

PATENT
REEL: 021726 FRAME: 0103

ASSIGNMENT

WHEREAS, we, Ronald W. Schutz, M.D., Scott S. Corbett III, Kenneth N. Bates, William McDonough, and Albert H. Krause, Jr., M.D. (hereinafter referred to as ASSIGNORS), having post office addresses of 3011 NW Luray Circus, Portland, OR 97210; 11720 SW 28th Place, Portland, OR 97219; 2725 NW John Olsen Ave, Apt. C-28, Hillsboro, OR 97124; 10994 NW Claire Ct, Portland OR 97218 and 11111 SE 18th Street, Vancouver, WA 98664, respectively, are the joint inventors of certain new and useful inventions which are set forth in Exhibit A; and

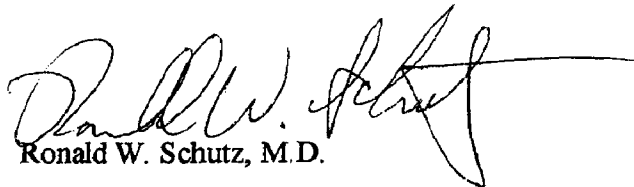
WHEREAS, Blacktoe Medical III, Inc. (hereinafter referred to as ASSIGNEE), a corporation of the State of Oregon having a place of business at 2222 N.W. Lovejoy, Suite 512, Portland, OR, 97210, is desirous of acquiring the entire right, title and interest in and to the invention and in and to any letters patent that may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in consideration of good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR hereby sells, assigns and transfers unto said ASSIGNEE the entire right, title and interest in and to said invention, said application and any and all letters patent which may be granted for said invention in the United States of America and its territorial possessions and in any and all foreign countries, and in any and all divisions, reissues and continuations thereof, including the right to file foreign applications directly in the name of ASSIGNEE and to claim priority rights deriving from said United States application to which said foreign applications are entitled by virtue of international convention, treaty or otherwise, said invention, application and all letters patent on said invention to be held and enjoyed by ASSIGNEE and its successors and assigns for their use and benefit and of their successors and assigns as fully and entirely as the same would have been held and enjoyed by ASSIGNOR had this assignment, transfer and sale not been made. ASSIGNOR hereby authorizes and requests the Commissioner of Patents and Trademarks to issue all letters patent on said invention to ASSIGNEE. ASSIGNOR agrees to execute all instruments and documents required for the making and prosecution of applications for United States and foreign letters patent on said invention, for litigation regarding said letters patent, or for the purpose of protecting title to said invention or letters patent therefor.

Aug. 22, 2008

Ronald W. Schutz

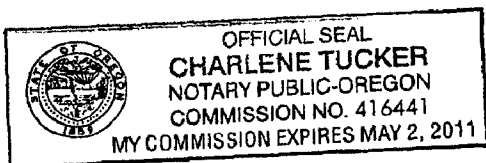
Aug. 22, 2008
Date


Ronald W. Schutz, M.D.

State of Oregon)
County of Multnomah)

ss.

I certify that I know or have satisfactory evidence that Ronald W. Schutz, M.D. is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.



Dated August 22, 2008
Signature of Charlene Tucker
Notary Public
Printed Name Charlene Tucker
My appointment expires May 2, 2011

Date

Scott S. Corbett III

State of _____)
County of _____)

ss.

I certify that I know or have satisfactory evidence that Scott S. Corbett III is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of _____
Notary Public
Printed Name _____
My appointment expires _____

Date

Ronald W. Schutz, M.D.

State of)

ss.

County of)

I certify that I know or have satisfactory evidence that Ronald W. Schutz, M.D. is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated

Signature of
Notary Public

Printed Name

My appointment expires

Sept. 3, 2008
Date

Scott S. Corbett III
Scott S. Corbett III

Oregon
State of)

ss.

Multnomah
County of)

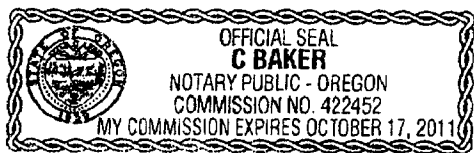
I certify that I know or have satisfactory evidence that Scott S. Corbett III is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

9/3/08
Dated

C. Baker
Signature of
Notary Public

C. Baker
Printed Name

10/17/2011
My appointment expires



September 3, 2008
Date

Kenneth N. Bates
Kenneth N. Bates

State of Oregon)
County of Washington)

ss.

I certify that I know or have satisfactory evidence that Kenneth N. Bates is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.



Dated 9/3/08
Signature of Notary Public C. Baker
Printed Name C. Baker
My appointment expires 10/17/2011

Date

William McDonough

State of _____)
County of _____)

ss.

I certify that I know or have satisfactory evidence that William McDonough is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of Notary Public _____
Printed Name _____
My appointment expires _____

Date

Kenneth N. Bates

State of _____)

County of _____)

ss.

I certify that I know or have satisfactory evidence that Kenneth N. Bates is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

Signature of
Notary Public _____

Printed Name _____

My appointment expires _____

SEPT 24 2008

Date

William McDonough

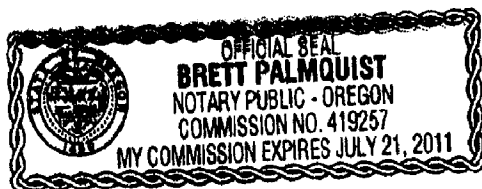
William McDonough

State of Oregon)

County of Washington)

ss.

I certify that I know or have satisfactory evidence that William McDonough is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.



Dated September 24, 2008

Signature of
Notary Public Brett Palmquist

Printed Name Brett Palmquist

My appointment expires July 21, 2011

July 21, 2008
Date

Albert H. Krause, Jr., M.D.
Albert H. Krause, Jr., M.D.

State of Washington)
County of Clark)

ss.

I certify that I know or have satisfactory evidence that Albert H. Krause, Jr., M.D. is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.



Dated July 21, 2008
Signature of Donald Kyle Owen
Notary Public
Printed Name DONALD KYLE OWEN
My appointment expires APRIL 27, 2011

Re: assignment Patents to Blackstone

EXHIBIT A

US Patent Application No. 11/895,607

Filed August 24, 2007

FINGER MOUNTED PROBE ADAPTED FOR INTRAOPERATIVE USE

US Patent Application No. 11/895,610

Filed August 23, 2007

FINGER MOUNTED IMAGING AND SENSING ASSEMBLY

US Patent Application No. 11/895,612

Filed August 24, 2007

FINGER MOUNTED IMAGING PROBE AND SKIN BROACHING ASSEMBLY

US Patent Application No. 11/895,613

Filed August 24, 2007

CABLE AND CONNECTOR SYSTEM FOR AN ULTRASOUND PROBE