PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Brett H. Franks	05/22/2009

RECEIVING PARTY DATA

Name:	Cardinal Health 303, Inc.
Street Address:	3750 Torrey View Court
City:	San Diego
State/Country:	CALIFORNIA
Postal Code:	92103

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	12472710

CORRESPONDENCE DATA

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ATTORNEY DOCKET NUMBER: 080624-0279

NAME OF SUBMITTER: John A. Hankins

Total Attachments: 2

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PATENT REEL: 022739 FRAME: 0042 CH \$40.00 124/2/

Docket No.: 080624-0279

ASSIGNMENT

WHEREAS I, Brett H. Franks of 1501 India Street #610, San Diego, California 92101, have made a certain new and useful invention as set forth in an application for United States Letters Patent, entitled INTRAVENOUS PISTON PUMP DISPOSABLE & MECHANISM, and filed concurrently herewith;

AND WHEREAS, Cardinal Health 303, Inc., a corporation of the State of Delaware and having an address of 3750 Torrey View Court, San Diego, CA 92130 is desirous of acquiring the entire right, title and interest in and to said invention and in and to any and all Letters Patent of the United States and foreign countries which may be obtained therefor;

NOW, THEREFORE, for good and valuable consideration, the receipt for and sufficiency of which is hereby acknowledged, I do hereby sell, assign, transfer and set over unto Cardinal Health 303, Inc., its legal representatives, successors, and assigns, the entire right, title and interest in and to said invention as set forth in the above-mentioned application, including the right of priority and including any continuations, continuations-in-part, divisions, reissues, reexaminations or extensions thereof, and in and to any and all patents of the United States and foreign countries which may be issued for said invention:

UPON SAID CONSIDERATIONS, I hereby agree with the said assignee that I will not execute any writing or do any act whatsoever conflicting with these presents, and that I will, at any time upon request, without further or additional consideration but at the expense of said assignee, execute such additional assignments and other writings and do such additional acts as said assignee may deem necessary or desirable to perfect the assignee's enjoyment of this grant, and render all necessary assistance in making application for and obtaining original, divisional, continuations, continuationsin-part, reexamined, reissued, or extended Letters Patent of the United States or of any and all foreign countries on said invention, and in enforcing any rights or choses in action accruing as a result of such applications or patents, by giving testimony in any proceedings or transactions involving such applications or patents, and by executing preliminary statements and other affidavits, it being understood that the foregoing covenant and agreement shall bind, and inure to the benefit of the assigns and legal representatives of assignor and assignee;

AND I request the Commissioner for Patents and Trademarks to issue any Letters Patent of the United States which may be issued for said invention to said Cardinal Health 303, Inc., its legal representatives, successors or assigns, as the sole owner of the entire right, title and interest in and to said patent and the invention covered thereby

	•	1	remain covered thereby:
May, 22 2009	6	BULLETT	
Date		Signature /	
Signature Witness:			
STATE OF			
COUNTY OF) SS: 		×
On this	day of, 20 before, prove	me, the undersigned	notary public, personally appeared tory evidence of identification, which
consisted of	1	to be the ne	rson whose name is signed on the
preceding or attached	document in my presence.	v.	ison whose name is signed on the
	Notary Public		
	My commission expires _		
SDO 146833-1 080624 0279		The	as see attached

PATENT

REEL: 022739 FRAME: 0043

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California County of San Diego personally appeared ____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. PRISCILLA ZUNIA Commission # 1831870 I certify under PENALTY OF PERJURY under the laws Notary Public - California of the State of California that the foregoing paragraph is San Diego County true and correct. My Comm. Expires Jan 18, 2013 WITNESS my hand and official seal. Signature, Place Notary Seal Above - OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. **Description of Attached Document** Title or Type of Document: Document Date: 5.22.09 _____Number of Pages: ___ Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Fxc++ Signer's Name: EscIndividual ☐ Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): ____ ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Attorney in Fact Top of thumb here □ Trustee Too of thumb here ☐ Trustee ☐ Guardian of Conservator ☐ Guardian or Conservator ☐ Other: Signer Is Representing: Signer Is Representing:_

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