

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT												
NATURE OF CONVEYANCE:	ASSIGNMENT												
CONVEYING PARTY DATA													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Execution Date</th> </tr> </thead> <tbody> <tr> <td>Dennis M. Skelton</td> <td>06/17/2009</td> </tr> <tr> <td>Jon P. Davis</td> <td>06/17/2009</td> </tr> <tr> <td>Rajeev Sahasrabudhe</td> <td>06/17/2009</td> </tr> <tr> <td>Shyam Gokaldas</td> <td>06/17/2009</td> </tr> <tr> <td>Joseph J. Nolan</td> <td>06/17/2009</td> </tr> </tbody> </table>		Name	Execution Date	Dennis M. Skelton	06/17/2009	Jon P. Davis	06/17/2009	Rajeev Sahasrabudhe	06/17/2009	Shyam Gokaldas	06/17/2009	Joseph J. Nolan	06/17/2009
Name	Execution Date												
Dennis M. Skelton	06/17/2009												
Jon P. Davis	06/17/2009												
Rajeev Sahasrabudhe	06/17/2009												
Shyam Gokaldas	06/17/2009												
Joseph J. Nolan	06/17/2009												
RECEIVING PARTY DATA													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td>Medtronic, Inc.</td> </tr> <tr> <td>Street Address:</td> <td>710 Medtronic Parkway</td> </tr> <tr> <td>City:</td> <td>Minneapolis</td> </tr> <tr> <td>State/Country:</td> <td>MINNESOTA</td> </tr> <tr> <td>Postal Code:</td> <td>55432</td> </tr> </table>		Name:	Medtronic, Inc.	Street Address:	710 Medtronic Parkway	City:	Minneapolis	State/Country:	MINNESOTA	Postal Code:	55432		
Name:	Medtronic, Inc.												
Street Address:	710 Medtronic Parkway												
City:	Minneapolis												
State/Country:	MINNESOTA												
Postal Code:	55432												
PROPERTY NUMBERS Total: 1													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Property Type</th> <th style="width: 70%;">Number</th> </tr> </thead> <tbody> <tr> <td>Application Number:</td> <td>12433530</td> </tr> </tbody> </table>		Property Type	Number	Application Number:	12433530								
Property Type	Number												
Application Number:	12433530												
CORRESPONDENCE DATA													
<p>Fax Number: (651)735-1102 <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 651-735-1100</p> <p>Email: betlach@ssiplaw.com</p> <p>Correspondent Name: SHUMAKER & SIEFFERT , P.A</p> <p>Address Line 1: 1625 RADIO DRIVE , SUITE 300</p> <p>Address Line 4: WOODBURY, MINNESOTA 55125</p>													
ATTORNEY DOCKET NUMBER:	1023-847US01												
NAME OF SUBMITTER:	Jeffrey D. Wilford												

CH \$40.00 12433530

500913596

PATENT
REEL: 022971 FRAME: 0639

Total Attachments: 4

source=Assignment#page1.tif

source=Assignment#page2.tif

source=Assignment#page3.tif

source=Assignment#page4.tif

ASSIGNMENT

For valuable consideration, we, Dennis M. Skelton of 9167 Decatur Avenue South, Bloomington, MN 55438, Jon P. Davis of 1110 Jambor Avenue NE, St. Michael, MN 55376, Rajeev Sahasrabudhe of 17217 79TH Place N., Maple Grove, MN 55311, Shyam Gokaldas of 15 19th Avenue SW, New Brighton, MN 55112 and Joseph J. Nolan of 5945 Maplewood Lane, Minnetonka, MN 55345, hereby assign to: Medtronic, Inc., having a place of business at: 710 Medtronic Parkway, Minneapolis, MN 55432 and its successors and assigns (collectively hereinafter called “the Assignee”) the entire right, title and interest throughout the world in the inventions and improvements which are the subject of an application for United States Patent signed by us, entitled PATIENT INTERACTION WITH POSTURE-RESPONSIVE THERAPY, filed April 30, 2009, and assigned U.S. Serial Number 12/433,530; this assignment including said application, any provisional, continuation, continuation-in-part, divisional, reissue, renewal, extension or other application for any of said inventions or improvements, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors’ certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

Date:

06/17/09

Dennis M. Skelton

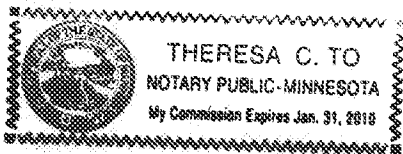
State of Minnesota)

) ss:

County of Anoka)

On this 17th day of June, 2009, before me, Theresa C. To, Notary Public, personally appeared Dennis M. Skelton personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to within the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Theresa C. To
Signature of Notary Public
My Commission Expires:

Date:

6-17-09

Jon P. Davis

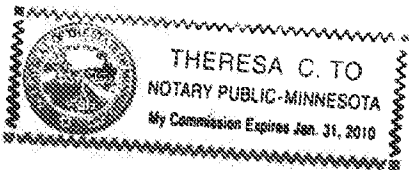
State of Minnesota)

) ss:

County of Anoka)


On this 17th day of June, 2009, before me, Theresa C. To, Notary Public, personally appeared Jon P. Davis personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to within the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



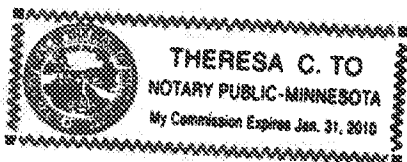
Theresa C. To
Signature of Notary Public
My Commission Expires:

Date: 06/17/09


Rajeev Sahasrabudhe

State of Minnesota)
) ss:
County of Anoka)

On this 17th day of JUNE, 2009, before me, Theresa C. To,
Notary Public, personally appeared Rajeev Sahasrabudhe personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to within the instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that
by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.



WITNESS my hand and official seal.

Theresa C. To
Signature of Notary Public
My Commission Expires:

Date: 06/17/2009


Shyam Gokaldas

State of Minnesota)
) ss:
County of Anoka)

On this 17th day of JUNE, 2009, before me, Theresa C. To,
Notary Public, personally appeared Shyam Gokaldas personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to within the instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that
by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.



WITNESS my hand and official seal.

Theresa C. To
Signature of Notary Public
My Commission Expires:

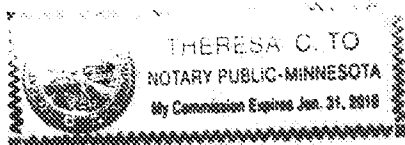
Date: 6-17-09

Joseph J. Nolan
Joseph J. Nolan

State of Minnesota)
) ss:
County of Anoka)

On this 17th day of June, 2009, before me, Theresa C. To,
Notary Public, personally appeared Joseph J. Nolan personally known to me (or proved to me on the basis
of satisfactory evidence) to be the person(s) whose name is/are subscribed to within the instrument and
acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by
his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.

WITNESS my hand and official seal.



Theresa C. To
Signature of Notary Public
My Commission Expires: