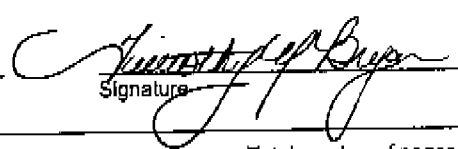


Substitute Form PTO-1595  
 Attorney Docket No.: 18196-0107001  
 Client's Ref. No.: N08/16 C

## RECORDATION FORM COVER SHEET PATENTS ONLY

Commissioner for Patents: Please record the attached original document(s) or copy(ies).	
1. Name of conveying party(ies): <b>Roland Levin</b> Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): <b>Fresenius Medical Care Holdings, Inc.</b> 920 Winter St. Waltham, MA 02451-1457  Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other:  Execution Date: <b>August 3, 2009</b>	4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: A. Patent Application No(s): <b>12/504,306</b>  B. Patent No(s):  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name/address of party to whom correspondence concerning document should be mailed:  <b>TIMOTHY M. BRYAN</b> Fish & Richardson P.C. 225 Franklin Street Boston, MA 02110	6. Total number of applications/patents involved: <b>1</b>  7. Total fee (37 CFR §3.41): \$40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to charge Deposit Account.  8. Deposit Account No.: <b>06-1050</b> Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050.
<b>DO NOT USE THIS SPACE</b>	
9. Statement and Signature: <i>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.</i>	
Timothy M. Bryan Reg. No. 62,791 Name of Person Signing	 Signature
<u>September 29, 2009</u> Date	
Total number of pages including coversheet, attachments and document: <b>4</b>	

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### CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Trademark Office on the date indicated below.

September 29, 2009      Diane M. Saturno      Diane M. Saturno  
 Date of Transmission      Signature      Typed Name of Person Signing Certificate

**PATENT**

Attorney Docket No.: 18196-0107001 N09/03

ASSIGNMENT

For valuable consideration, I, Roland Levin, of 2466 Wildhorse Drive, San Ramon, CA 94583; hereby assign to FRESENIUS MEDICAL CARE HOLDINGS, INC., a corporation of New York, having a place of business at 920 Winter St., Waltham, MA 02451-1457, 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 subject of an application for United States Patent signed by me, entitled IDENTIFYING A SELF-POWERED DEVICE CONNECTED TO A MEDICAL DEVICE, filed July 16, 2009, and assigned U.S. Serial Number 12/504,306, this assignment including said application, 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 I authorize the Assignee to apply in all countries in my 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 I agree for me and my 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.



### ACKNOWLEDGMENT

State of California  
County of Contra Costa

On Aug 3, 2009 before me, N. Sanchez - Notary Public  
(insert name and title of the officer)

personally appeared Roland Revin  
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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.

Signature N. Sanchez (Seal)



Attorney's Docket No.: 18196-0107001  
Client's Ref. No.: N08/16 C

## OFFICIAL COMMUNICATION FACSIMILE

TO THE ATTENTION OF:

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MAIL STOP ASSIGNMENT FAX NO: 571/273-0140

Number of pages including this page 5

Applicant : Roland Levin  
Serial No. : 12/504,306  
Filed : July 16, 2009

Art Unit :  
Examiner :

Title : IDENTIFYING A SELF-POWERED DEVICE CONNECTED TO A MEDICAL  
DEVICE

FACSIMILE COMMUNICATION

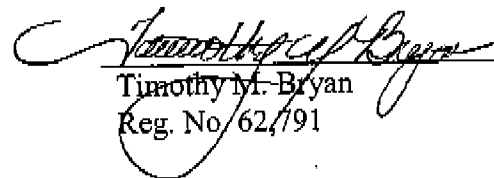
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Attached to this facsimile communication cover sheet is a Recordation Form Cover Sheet and Assignment, faxed this 29<sup>th</sup> day of September, 2009, to Mail Stop Assignment Recordation Services, U.S. Patent and Trademark Office.

Respectfully submitted,

Date: September 29, 2009

  
Timothy M. Bryan  
Reg. No. 62,791

PTO Customer No. 26216  
Fish & Richardson P.C.  
225 Franklin Street  
Boston, MA 02110  
Telephone: (617) 542-5070  
Fax: (617) 542-8906

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