

FORM PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)

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SCM-018929 US PRI

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)/Execution Date(s):

EDUARDO JOSE CORDEIRO
LUCIANO ALMEIDA FLEURY CURADO
LUANA BEATRIZ PERTILE DEZANET

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

3. Nature of conveyance:

Execution Date(s) 09/18/2009; 08/31/2009; 08/31/2009

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: SCITECH PRODUTOS MEDICOS LTDA

Internal Address: _____

Street Address: Rua 52 n.220 Jardim Goias

City: Goias

State: _____

Country: Brazil Zip: 74810-210

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)

12/565,421 - FILED SEPTEMBER 23, 2009

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: GARY J. PITZER

Internal Address: Tarolli, Sundheim, Covell &
Tummino, L.L.P.

Street Address: 1300 East Ninth Street
Suite 1700

City: Cleveland

State: Ohio Zip: 44114-2518

Phone Number: (216) 621-2234

Fax Number: (216) 621-4072

Email Address: gpitzer@tarolli.com

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00

- ☒ Authorized to be charged by credit card
☐ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers 1017
Expiration Date 01/2011

b. Deposit Account Number 20-0090

Authorized User Name Tarolli, Sundheim, Covell & Tummino L.L.P.

9. Signature:

Signature

15 October 2009
Date

Gary J. Pitzer, Reg. No.: 39,334

Name of Person Signing

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

5

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, VA 22313-1450

700420606

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CH \$40.00 200090 12565421

Attorney Docket No. SCM-018929 US PRI

ASSIGNMENT OF PATENT APPLICATION

I/We, the undersigned (each) have agreed and hereby agree to assign to SCITECH Produtos Medicos LTDA, having a place of business at Street Rua 52 n.220 Jardim Goias, Goias, BRAZIL 74810-210, and do hereby assign and transfer to **SCITECH PRODUTOS MEDICOS LTDA**, its successors and assigns, the entire right, title and interest, including the right of priority, in, to and under an application for Letters Patent of the United States entitled:

LOCKING DEVICE FOR ENDOLUMINAL PROSTHESIS DELIVERY SYSTEM

Filing date: 12/565,421 Application No.: September 23, 2009
and the invention(s) and improvement(s) set forth therein, and any and all continuations, continuations-in-part (C-I-P's), divisionals, and renewals of and substitutes for said application for said Letters Patent, and any and all Letters Patent of the United States and of countries foreign thereto which may be granted thereon or therefore; and any reissues, or reexaminations, or extensions of said Letters Patent.

I/we additionally authorize **SCITECH PRODUTOS MEDICOS LTDA**, to file applications in my/our name for Letters Patent in any country, to be held and enjoyed by **SCITECH PRODUTOS MEDICOS LTDA**, its successors, assigns, nominees or legal representatives, to the full end of the term or terms for which said Letters Patent respectively may be granted, reissued or extended, as fully and entirely as the same would have been held and enjoyed by me/us had this assignment, and transfer not been made;

AND I/we hereby covenant that I/we have full right to convey the entire interest herein assigned, and that I/we have not executed and will not execute any agreement in conflict herewith, and I/we further covenant and agree that I/we will, each time a request is made, and without undue delay, execute and deliver all such papers as may be necessary or desirable to perfect the title to said invention(s) or improvement(s), said application and said Letters Patent, to **SCITECH PRODUTOS MEDICOS LTDA**, its successors, assigns, nominees or legal representatives, and I/we agree to communicate to **SCITECH PRODUTOS MEDICOS LTDA**, or to its nominee, all known facts respecting said invention(s) or improvement(s), said application and said Letters Patent, to testify in any legal proceedings, to sign all lawful papers, to execute all disclaimers and divisionals, continuations, C-I-P's, reissue and foreign applications, to make all rightful oaths and declarations, and generally to do everything possible to aid **SCITECH PRODUTOS MEDICOS LTDA**, its successors, assigns, nominees and legal representatives to obtain and enforce, for its or their own benefit, proper patent protection for said invention(s) or improvement(s) in any and all countries provided reasonable expenses which may be incurred by me/us in lending such cooperation and assistance are paid by **SCITECH PRODUTOS MEDICOS LTDA**;

AND I/we hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any country or countries foreign to the United States whose duty it is to issue patents on applications as aforesaid, to issue to **SCITECH PRODUTOS MEDICOS LTDA**, as assignee of the entire right, title and interest, any and all Letters Patent for said invention(s) or improvement(s), including any and all Letters Patent of the United States which may be issued and granted on or as a result of the application aforesaid, in accordance with the terms of this assignment.

I/we further authorize and direct the attorneys of record to insert the serial number and filing date of said application now identified by the attorney docket number and title set forth above as soon as the same shall have been made known to them by the United States Patent and Trademark Office.

Attorney Docket No. SCM-018929 US PRI

ASSIGNMENT OF PATENT APPLICATION (Cont.)

IN WITNESS WHEREOF, I/We hereunto set my/our hand(s) and seal(s):

Signed at Berchwood County of Cuyahoga and
State of Ohio this 18th day of September, 2009.


Eduardo J. Cordeiro

STATE OF)

COUNTY OF)

On this 18th day of September, 2009, personally appeared before me Eduardo J. Cordeiro to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and the purposes therein mentioned.


Notary Public


WARREN GOLDENBERG, Attorney at Law
Notary Public - State of Ohio
My commission has no expiration date
Section 147.08 R.C.

Attorney Docket No. SCM-018929 US PRI

ASSIGNMENT OF PATENT APPLICATION (Cont.)

IN WITNESS WHEREOF, I/We hereunto set my/our hand(s) and seal(s):

Signed at AUGUST County of GOIÂNIA and
 State of GOIÁS, BRAZIL this 31 day of AUGUST, 20 09.

1º Tab. 

Luciano Almeida Fleury Curado
 Luciano Almeida Fleury Curado

STATE OF)

COUNTY OF)

On this ____ day of _____, 20____, personally appeared before me
Luciano Almeida Fleury Curado to me known to be the person named in and who executed the
 above instrument, and acknowledged to me that he executed the same for the uses and the purposes
 therein mentioned.

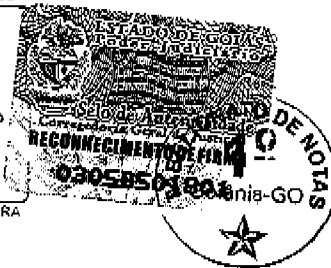
Notary Public

1º TABELIONATO DE NOTAS DE GOIÂNIA - GO TEIXEIRA NETO
 Rua 3 esq. c/Rua 14 - Setor Oeste - Fones: (62) 3215-3777 / 3526-3755

Reconheço por SEMELHANÇA a assinatura de
 230809 - LUCIANO ALMEIDA FLEURY CURADO
 análoga a da meu registro de nº 16.
 Goiânia/GO - 04/09/09 Expediente - 06341723000040900

Em Testemunho

da verdade

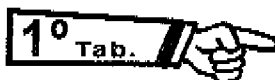
ANTONIO DA COSTA R. NETO ☐☐ CLEUSON FRANCISCO DE OLIVEIRA

Attorney Docket No. SCM-018929 US PRI

ASSIGNMENT OF PATENT APPLICATION (Cont.)

IN WITNESS WHEREOF, I/We hereunto set my/our hand(s) and seal(s):

Signed at August County of Goiânia and
 State of Goiás, Brazil this 31 day of August, 2009.



Luana Beatriz Pertile Dezanet
 Luana Beatriz Pertile Dezanet

STATE OF)
)
 COUNTY OF)

On this _____ day of _____, 20____, personally appeared before me
Luana Beatriz Pertile Dezanet to me known to be the person named in and who executed the above
 instrument, and acknowledged to me that she executed the same for the uses and the purposes therein
 mentioned.

Notary Public

1º TABELIONATO DE NOTAS DE GOIÂNIA - GO TEIXEIRA NETO
 Rua 3 esq. c/Rua 14 - Setor Oeste - Fones: (62) 3215-3777 / 3526-3755

Reconheço VERDADEIRA a assinatura de
 434164 - LUANA BEATRIZ PERTILE DEZANET
 Pessoa por mim devidamente identificada
 Havendo sido aposta em minha presença a data de
 Goiânia/GO - 31/8/2009. Cópia nº 1320845/1004302009
 Em Testemunho

ANTONIO DA COSTA R. NETO ☐☐ CLEUSON FRANCISCO DE OLIVEIRA