

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>Meng Yin</td> <td>09/23/2009</td> </tr> <tr> <td>Jayant A. Talwalkar</td> <td>10/01/2009</td> </tr> <tr> <td>Anthony J. Romano</td> <td>09/24/2009</td> </tr> <tr> <td>Armando Manduca</td> <td>10/22/2009</td> </tr> <tr> <td>Richard L. Ehman</td> <td>10/22/2009</td> </tr> </tbody> </table>		Name	Execution Date	Meng Yin	09/23/2009	Jayant A. Talwalkar	10/01/2009	Anthony J. Romano	09/24/2009	Armando Manduca	10/22/2009	Richard L. Ehman	10/22/2009
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td>Mayo Foundation for Medical Education and Research</td> </tr> <tr> <td>Street Address:</td> <td>200 First Street SE</td> </tr> <tr> <td>City:</td> <td>Rochester</td> </tr> <tr> <td>State/Country:</td> <td>MINNESOTA</td> </tr> <tr> <td>Postal Code:</td> <td>55905</td> </tr> </table>		Name:	Mayo Foundation for Medical Education and Research	Street Address:	200 First Street SE	City:	Rochester	State/Country:	MINNESOTA	Postal Code:	55905		
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CORRESPONDENCE DATA													
<p>Fax Number: (414)978-8650</p> <p><i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 414-277-5187</p> <p>Email: michelle.davis@quarles.com</p> <p>Correspondent Name: Michelle L. Davis</p> <p>Address Line 1: 411 E. WISCONSIN AVENUE</p> <p>Address Line 2: QUARLES & BRADY LLP</p> <p>Address Line 4: MILWAUKEE, WISCONSIN 53202-4497</p>													
ATTORNEY DOCKET NUMBER:	630666.00220												
NAME OF SUBMITTER:	Jack M. Cook												

CH \$40.00 12599721

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PATENT
REEL: 023501 FRAME: 0211

Total Attachments: 5

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Assignment

WHEREAS, the undersigned have/has made certain inventions which are described in an application for Letters Patent of the United States entitled :

PORTAL VEIN PRESSURE MEASUREMENT USING ELASTOGRAPHY

executed on even date herewith preparatory to obtaining United States Letters Patent therefore, and
WHEREAS,

Mayo Foundation for Medical Education
and Research (hereafter referred to as said Company),

a corporation of the state of Minnesota

and having a place of business at 200 First Street SE, Rochester, MN 55905, US

is desirous of acquiring the entire interest in said inventions throughout the United States of America and the territories thereof, for all other countries and under all international agreements,

NOW, THEREFORE, for and in consideration of One Dollar (\$1.00), and other good and valuable consideration, receipt whereof is hereby acknowledged, the undersigned hereby sell(s), assign(s) and transfer(s) unto said Company, its successors and assigns, the entire right, title and interest throughout the United States of America and the territories thereof, for all foreign countries and under all international agreements in and to said inventions, the aforesaid application, all other applications hereafter filed in the United States, in any other country, or under any international agreement based in whole or in part on said inventions, and all Letters Patents granted upon said applications by the United States, by any other country or under any international agreement, and do hereby authorize and request the Commissioner of Patents and Trademarks to issue said Letters Patent to said Company. The undersigned further grant to said Company, its successors and assigns, the right to claim for any of said applications the full benefits and priority rights of any international agreement between the United States and any foreign country or countries of between any other countries.

The undersigned hereby warrant(s) that they/(s)he have/has the full right to make the conveyance herein, and hereby covenant(s) that the heirs, legal representatives and assigns of the undersigned, will when requested, communicate to said Company, its representatives, successors and assigns, all facts known respecting said inventions, execute all divisional, continuing, reissue, reexamination and foreign or international applications, together with individual assignment therefore, make all rightful oaths, sign all lawful papers, testify in any legal proceeding and generally do everything possible to aid said Company, its successors and assigns, in the obtaining of Letters Patent.

IN TESTIMONY WHEREOF, the undersigned have hereunto executed this assignment at the location and on the date indicated below.

Signature: Meng Yin

STATE OF: Minnesota

Name: Meng YIN

COUNTY OF:

Address: 2154 Ponderosa Drive SW

Rochester, MN 55902, US

Date: Sep 23, 2009

Before me on this 23 day of Sept., 2009, came Meng YIN
to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution
therefore to be his/her free act and deed.

(SEAL)

Kathryn A. Herman
Notary Public,
State of Minnesota
My Commission Expires: 1/31/12



1 of 3

630666.00220/8826637.1

Signature: [Signature]

STATE OF: Minnesota

Name: Jayant A. TALWALKAR

COUNTY OF:

Address: ~~4202 Arbor Lane NW~~ 4317 MAYO WOODLANDS ROAD SW

JT 9/30/09

Rochester, MN 55901, US

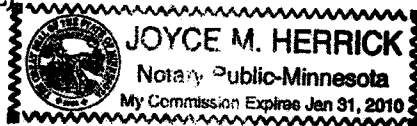
ROCHESTER, MN 55902, US

JT 9/30/09

Date: Oct. 1, 2009

Before me on this 1st day of October, 2009, came Jayant A. TALWALKAR to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)



Joyce M. Herrick
Notary Public,
State of Minnesota

My Commission Expires: Jan. 31, 2010

Signature: _____

STATE OF:

Name: Anthony J. ROMANO

COUNTY OF:

Address: 521 E. St. NE

Washington, D.C., 20002, US

Date: _____

Before me on this _____ day of _____, 2009, came Anthony J. ROMANO to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Notary Public,
State of
My Commission Expires: _____

Signature: _____

STATE OF:

Name: Armando MANUCA

COUNTY OF:

Address: 7023 Indigo Court NW

Rochester, MN 55901-8851, US

Date: _____

Before me on this _____ day of _____, 2009, came Armando MANUCA to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Notary Public,
State of
My Commission Expires: _____

Signature: _____

STATE OF: Minnesota

Name: Jayant A. TALWALKAR

COUNTY OF: _____

Address: 4202 Arbor Lane NW

Rochester, MN 55901, US

Date: _____

Before me on this _____ day of _____, 2009, came Jayant A. TALWALKAR, to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Notary Public,
State of Minnesota
My Commission Expires: _____

Signature: Anthony J. Romano

STATE OF: District of Columbia

Name: Anthony J. ROMANO

COUNTY OF: _____

Address: 521 E. St. NE

Washington, D.C., 20002, US

Date: 9/24/09

Before me on this 24 day of September, 2009, came Anthony J. ROMANO, to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Salma Haddad
Notary Public, District of Columbia
My Commission Expires 4/30/2013

Salma Haddad
Notary Public,
State of
My Commission Expires: 04-30-2013

Signature: _____

STATE OF: _____

Name: Armando MANDUCA

COUNTY OF: _____

Address: 7023 Indigo Court NW

Rochester, MN 55901-8851, US

Date: _____

Before me on this _____ day of _____, 2009, came Armando MANDUCA, to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Notary Public,
State of
My Commission Expires: _____

Signature: _____

STATE OF: Minnesota

Name: Jayant A. TALWALKAR

COUNTY OF:

Address: 4202 Arbor Lane NW

Rochester, MN 55901, US

Date: _____

Before me on this _____ day of _____, 2009, came Jayant A. TALWALKAR, to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Notary Public,
State of Minnesota
My Commission Expires: _____

Signature: _____

STATE OF:

Name: Anthony J. ROMANO

COUNTY OF:

Address: 521 E. St. NE

Washington, D.C., 20002, US

Date: _____

Before me on this _____ day of _____, 2009, came Anthony J. ROMANO, to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Notary Public,
State of
My Commission Expires: _____

Signature: Armando MANDUCA

STATE OF: MINNESOTA

Name: Armando MANDUCA

COUNTY OF: OLUSTEAD

Address: 7023 Indigo Court NW

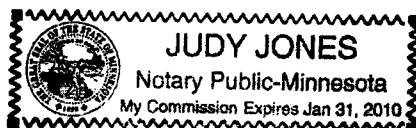
Rochester, MN 55901-8851, US

Date: 10/22/09

Before me on this 22 day of October, 2009, came Armando MANDUCA, to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution therefore to be his/her free act and deed.

(SEAL)

Judy Jones
Notary Public,
State of
My Commission Expires: 1-31-2010



2 of 3

630866.00220/8826637.1

Signature: [Signature]

Name: Richard L. EHMAN

Address: 2212 Transit Court SW

Rochester, MN 55902, US

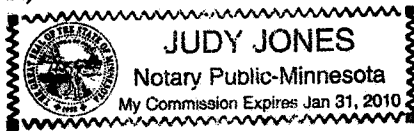
Date: 10/2/09

STATE OF: Minnesota

COUNTY OF: OLUSTE

Before me on this 22 day of October, 2009, came Richard L. EHMAN
to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution
therefore to be his/her free act and deed.

(SEAL)



[Signature]
Notary Public,
State of Minnesota
My Commission Expires: 1-31-2010

Signature: _____

STATE OF: _____

Name: _____

COUNTY OF: _____

Address: _____

Date: _____

Before me on this _____ day of _____, _____, came
to me known to be the person named in the foregoing assignment and he/she acknowledges his/her execution
therefore to be his/her free act and deed.

(SEAL)

Notary Public,
State of _____
My Commission Expires: _____

Signature: _____

STATE OF: _____

Name: _____

COUNTY OF: _____

Address: _____

Date: _____

Before me on this _____ day of _____, _____, came
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(SEAL)

Notary Public,
State of _____
My Commission Expires: _____