

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Dragan Nebrigic	12/16/2009
Herb Lara	12/15/2009
Richard Hatch	12/21/2009
Igor Leonidovich Tchertkov	12/28/2009
Kai Nakamura	12/15/2009
Laura England	12/17/2009
Marlo Cinco	12/15/2009
RECEIVING PARTY DATA	
Name:	SOLTA MEDICAL, INC.
Street Address:	25881 Industrial Boulevard
City:	Hayward
State/Country:	CALIFORNIA
Postal Code:	94545
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12649781
CORRESPONDENCE DATA	
Fax Number:	(513)241-6234
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	513.241.2324
Email:	wallen@whepatent.com
Correspondent Name:	WOOD , HERRON & EVANS, LLP (SOLTA)
Address Line 1:	441 VINE STREET
Address Line 2:	2700 CAREW TOWER
Address Line 4:	CINCINNATI, OHIO 45202
ATTORNEY DOCKET NUMBER:	THERM-53US

OP \$40.00 12649781

501054187

PATENT
REEL: 023718 FRAME: 0140

NAME OF SUBMITTER:

William R. Allen

Total Attachments: 22

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ASSIGNMENT OF INVENTION AND PATENTS THEREON

WHEREAS, I (we), Dragan Nebrigic, Herb Lara, Richard Hatch, Igor Leonidovich Tchertkov, Kai Nakamura, Laura England, and Marlo Cinco have invented a **TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS** as fully disclosed in an application for Patent so entitled and filed by me (us) on July 16, 2009 as Application Serial No. 61/226,140, and have invented a **TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS** as fully disclosed in an application for Patent so entitled and filed by me (us) on 12-30-2009 as Application Serial No. 12/649,781 preparatory to obtaining Letters Patent of the United States therefor. I hereby authorize and request any one of the attorneys of Wood, Herron & Evans, L.L.P., 441 Vine Street, 2700 Carew Tower, Cincinnati, Ohio 45202, to insert herein the application serial number of said application when known.

WHEREAS, SOLTA MEDICAL, INC. a corporation organized under the Laws of the State of Delaware and having its principal office at 25881 Industrial Boulevard, Hayward, California 94545-2991 desires to acquire the entire interest in and to the subject matter disclosed in said application and in and to all patents issued or to be issued thereon.

NOW, THEREFORE, to all whom it may concern, be it known that, for and in consideration of the sum of One Dollar (\$1.00) to me (each of us) in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, I (we) have sold, assigned and transferred, and by these presents do sell, assign and transfer unto the said SOLTA MEDICAL, INC. my (our) entire right, title and interest in and to the subject matter disclosed in said applications and in and to all Letters Patent Domestic and Foreign issued or to be obtained thereon, including all rights and interests with priority rights under the Paris Convention for the Protection of Industrial Property, the International Patent Cooperative Union, European Patent Convention, Common Market Convention, or any other Convention or Union for each country of said Convention or Union; and I (we) do

hereby authorize and request the Commissioner of Patents to issue the Letters Patent granted on said applications and all future patents granted upon the subject matter disclosed therein to the above-named Assignee, its legal representatives and assigns.

Full Name of First Inventor: Nebrić Draganić Dragan D.
Last Name First Name Middle Name
[Signature] 12/16/09
Signature Date

Post Office Address: 7904 Vista Guyaba Carlsbad, CA 92009
Post Office Address City, State or County Zip Code

STATE OF _____)
COUNTY OF _____) SS

On this _____ day of _____, 2009 before me personally appeared Dragan Nebrić to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

Notary Public

(SEAL)

Assignment of Invention and Patents Thereon
Title: TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS

PATENT
REEL: 023718 FRAME: 0143

ACKNOWLEDGMENT

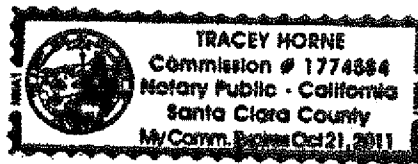
State of California
County of Santa Clara } ss.

On December 16, 2009 before me, Tracey Horne
Notary Public, personally appeared Dragan Nebrgic

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.



Tracey Horne
Signature

(seal)

OPTIONAL INFORMATION

Date of Document _____ Thumbprint of Signer

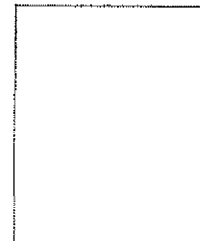
Type or Title of Document _____

Number of Pages in Document _____

Document in a Foreign Language _____

Type of Satisfactory Evidence:
____ Personally Known with Paper Identification
____ Paper Identification
____ Credible Witness(es)

Capacity of Signer:
____ Trustee
____ Power of Attorney
____ CEO / CFO / COO
____ President / Vice-President / Secretary / Treasurer
____ Other: _____



Check here if no thumbprint or fingerprint is available.

Other Information: _____

Full Name

of Second Inventor: Lara Herb
Last Name First Name Middle Name

Herb Lara 12/15/09
Signature Date

Post Office

Address: 5775 Dichondra Place Newark, CA 94560
Post Office Address City, State or County Zip Code

STATE OF _____)
COUNTY OF _____) SS

On this _____ day of _____, 2009 before me personally appeared Herb Lara to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

Notary Public

(SEAL)

Assignment of Invention and Patents Thereon
Title: TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS

PATENT
REEL: 023718 FRAME: 0145

ACKNOWLEDGMENT

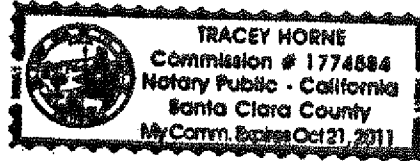
State of California
County of Santa Clara } ss.

On December 15, 2009 before me, Tracey Horne
Notary Public, personally appeared Herb Lara

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.



Tracey Horne
Signature

(seal)

OPTIONAL INFORMATION

Date of Document _____

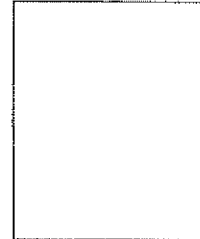
Thumbprint of Signer

Type or Title of Document _____

Number of Pages in Document _____

Document in a Foreign Language _____

- Type of Satisfactory Evidence:
- _____ Personally Known with Paper Identification
 - _____ Paper Identification
 - _____ Credible Witness(es)



- Capacity of Signer:
- _____ Trustee
 - _____ Power of Attorney
 - _____ CEO / CFO / COO
 - _____ President / Vice-President / Secretary / Treasurer
 - _____ Other: _____

Check here if no thumbprint or fingerprint is available.

Other Information: _____

Full Name

of Third Inventor: Hatch Richard
Last Name First Name Middle Name

Signature Date
2/1 DE 09

Post Office

Address: 4798 Sutter Gate Avenue Pleasanton, CA 94566
Post Office Address City, State or County Zip Code

STATE OF _____)
COUNTY OF _____) SS

On this _____ day of _____, 2009 before me personally appeared Richard Hatch to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

Notary Public

(SEAL)

ACKNOWLEDGMENT

State of California
County of Santa Clara } ss.

On December 21, 2009 before me, Tracey Horne
Notary Public, personally appeared Richard Hatch

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.



Tracey Horne
Signature

(seal)

OPTIONAL INFORMATION

Date of Document _____ Thumbprint of Signer

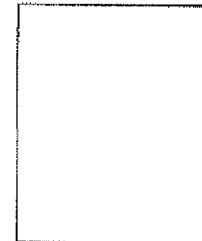
Type or Title of Document _____

Number of Pages in Document _____

Document in a Foreign Language _____

Type of Satisfactory Evidence:
____ Personally Known with Paper Identification
____ Paper Identification
____ Credible Witness(es)

Capacity of Signer:
____ Trustee
____ Power of Attorney
____ CEO / CFO / COO
____ President / Vice-President / Secretary / Treasurer
____ Other: _____



Check here if no thumbprint or fingerprint is available.

Other Information: _____

ACKNOWLEDGMENT

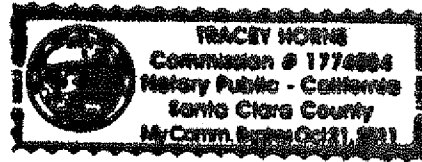
State of California
County of Santa Clara } ss.

On December 15, 2009 before me, Tracey Horne
Notary Public, personally appeared Kai Nakamura

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.



Tracey Horne
Signature

(seal)

OPTIONAL INFORMATION

Date of Document _____ Thumbprint of Signer

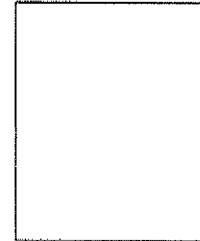
Type or Title of Document _____

Number of Pages in Document _____

Document in a Foreign Language _____

Type of Satisfactory Evidence:
____ Personally Known with Paper Identification
____ Paper Identification
____ Credible Witness(es)

Capacity of Signer:
____ Trustee
____ Power of Attorney
____ CEO / CFO / COO
____ President / Vice-President / Secretary / Treasurer
____ Other: _____



Check here if no thumbprint or fingerprint is available.

Other Information: _____

ACKNOWLEDGMENT

State of California
County of Santa Clara } ss.

On December 17, 2009 before me, Tracey Horne
Notary Public, personally appeared Laura England

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.



Tracey Horne
Signature

(seal)

OPTIONAL INFORMATION

Date of Document _____ Thumbprint of Signer _____

Type or Title of Document _____

Number of Pages in Document _____

Document in a Foreign Language _____

Type of Satisfactory Evidence:
 _____ Personally Known with Paper Identification
 _____ Paper Identification
 _____ Credible Witness(es)

Capacity of Signer:
 _____ Trustee
 _____ Power of Attorney
 _____ CEO / CFO / COO
 _____ President / Vice-President / Secretary / Treasurer
 _____ Other: _____

Other Information: _____

Check here if no thumbprint or fingerprint is available.

ACKNOWLEDGMENT

State of California
County of Santa Clara } ss.

On December 15, 2009 before me, Tracey Horne
Notary Public, personally appeared Marlo Cinco

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/hers/their authorized capacity(ies), and that by his/hers/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.



Tracey Horne
Signature

(seal)

OPTIONAL INFORMATION

Date of Document _____ Thumbprint of Signer

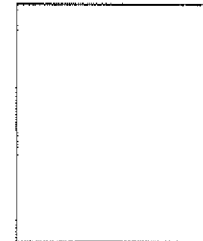
Type or Title of Document _____

Number of Pages in Document _____

Document in a Foreign Language _____

Type of Satisfactory Evidence:
____ Personally Known with Paper Identification
____ Paper Identification
____ Credible Witness(es)

Capacity of Signer:
____ Trustee
____ Power of Attorney
____ CEO / CFO / COO
____ President / Vice-President / Secretary / Treasurer
____ Other: _____



Check here if no thumbprint or fingerprint is available.

Other Information: _____

ASSIGNMENT OF INVENTION AND PATENTS THEREON

WHEREAS, I (we), Dragan Nebrigic, Herb Lara, Richard Hatch, Igor Leonidovich Tchertkov, Kai Nakamura, Laura England, and Marlo Cinco have invented a **TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS** as fully disclosed in an application for Patent so entitled and filed by me (us) on July 16, 2009 as Application Serial No. 61/226,140, and have invented a **TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS** as fully disclosed in an application for Patent so entitled and filed by me (us) on 12-30-2009 as Application Serial No. 12/649,781 preparatory to obtaining Letters Patent of the United States therefor. **I hereby authorize and request any one of the attorneys of Wood, Herron & Evans, L.L.P., 441 Vine Street, 2700 Carew Tower, Cincinnati, Ohio 45202, to insert herein the application serial number of said application when known.**

WHEREAS, SOLTA MEDICAL, INC. a corporation organized under the Laws of the State of Delaware and having its principal office at 25881 Industrial Boulevard, Hayward, California 94545-2991 desires to acquire the entire interest in and to the subject matter disclosed in said application and in and to all patents issued or to be issued thereon.

NOW, THEREFORE, to all whom it may concern, be it known that, for and in consideration of the sum of One Dollar (\$1.00) to me (each of us) in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, I (we) have sold, assigned and transferred, and by these presents do sell, assign and transfer unto the said SOLTA MEDICAL, INC. my (our) entire right, title and interest in and to the subject matter disclosed in said applications and in and to all Letters Patent Domestic and Foreign issued or to be obtained thereon, including all rights and interests with priority rights under the Paris Convention for the Protection of Industrial Property, the International Patent

Cooperative Union, European Patent Convention, Common Market Convention, or any other Convention or Union for each country of said Convention or Union; and I (we) do hereby authorize and request the Commissioner of Patents to issue the Letters Patent granted on said applications and all future patents granted upon the subject matter disclosed therein to the above-named Assignee, its legal representatives and assigns.

Full Name

of First Inventor: Nebriagic Dragan
Last Name First Name Middle Name

Signature Date

Post Office

Address: 7904 Vista Guyaba Carlsbad, CA 92009
Post Office Address City, State or County Zip Code

STATE OF _____)
) SS
COUNTY OF _____)

On this _____ day of _____, 2009 before me personally appeared Dragan Nebriagic to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

Notary Public

(SEAL)

Full Name
of Second Inventor: Lara Herb
Last Name First Name Middle Name

Signature Date

Post Office
Address: 5775 Dichondra Place Newark, CA 94560
Post Office Address City, State or County Zip Code

STATE OF _____)
) SS
COUNTY OF _____)

On this _____ day of _____, 2009 before me personally appeared Herb Lara to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

Notary Public

(SEAL)

Full Name of Third Inventor: Hatch Richard
Last Name First Name Middle Name

Signature Date

Post Office Address: 4798 Sutter Gate Avenue Pleasanton, CA 94566
Post Office Address City, State or County Zip Code

STATE OF _____)
) SS
COUNTY OF _____)

On this ____ day of _____, 2009 before me personally appeared Richard Hatch to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

Notary Public

(SEAL)

Full Name

of Fourth Inventor: Tcherkov Leonidovich
Last Name First Name Middle Name

Tcherkov

12/28/09

Signature

Date

Post Office

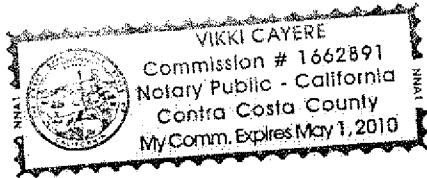
Address: 1789 Tice Valley Blvd. Walnut Creek, CA 94595
Post Office Address City, State or County Zip Code

STATE OF CA
) SS
COUNTY OF Contra Costa

On this 28 day of Dec, 2009 before me personally appeared Igor Leonidovich Tcherkov to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

Vikki Cayere
Notary Public

(SEAL)



Assignment of Invention and Patents Thereon
THE TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND

Full Name

of Fifth Inventor:	Nakamura	Kai	
	Last Name	First Name	Middle Name

Signature	Date

Post Office

Address:	610 Cypress Avenue	San Mateo, CA	94401
	Post Office Address	City, State or County	Zip Code

STATE OF _____)
) SS
 COUNTY OF _____)

On this ____ day of _____, 2009 before me personally appeared Kai Nakamura to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

 Notary Public

(SEAL)

Full Name

of Seventh Inventor: Cinco Marlo
Last Name First Name Middle Name

Signature Date

Post Office

Address: 25338 N. Gold Ridge Dr. Castro Valley, CA 94552
Post Office Address City, State or County Zip Code

STATE OF _____)
) SS
COUNTY OF _____)

On this _____ day of _____, 2009 before me personally appeared Marlo Cinco to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

Notary Public

(SEAL)