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

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

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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

PATENT

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NAME OF SUBMITTER:	William R. Allen
Total Attachments: 22	
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ASSIGNMENT OF INVENTION AND PATENTS THEREON

WHEREAS, I (we), <u>Dragan Nebrigic</u>, <u>Herb Lara</u>, <u>Richard Hatch</u>, <u>Igor Leonidovich Tchertkov</u>, <u>Kai Nakamura</u>, <u>Laura England</u>, <u>and Marlo Cinco</u> have invented a <u>TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS</u> as fully disclosed in an application for Patent so entitled and filed by me (us) on <u>July 16, 2009</u> as Application Serial No. <u>61/226,140</u>, and have invented a <u>TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS</u> as fully disclosed in an application for Patent so entitled and filed by me (us) on <u>12-30-2009</u> 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

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

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.

			4
Full Name of First Inventor:		Dragan	1,
	Łast 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		
known and known by .	me to be the above-named	l individual who acknowle	vappeared <u>Dragan Nebrigic</u> to me edged the signing of the foregoing for the uses and purposes therein
(SEAL)		Notary Public	·

ACKNOWLEDGMENT		
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State of California County of Santa Clara } ss.		
On <u>December 16,2009</u> before me, Ty Notary Public, personally appeared <u>Dragon Ne</u>	racey Horne	
who proved to me on the basis of satisfactory eviden name(s) is/are subscribed to the within instrument a he/spe/they executed the same in his/her/their authoribis/her/their signatures(s) on the instrument the person which the person(s) acted, executed the instrument.	and acknowledged to me that ized capacity(ies), and that by	
I certify under PENALTY OF PERJURY under the laws of foregoing paragraph is true and correct.	of the State of California that the	
WITNESS my hand and official seal.	TRACEY HORNE Commission # 1774884 Notary Public - Colifornia	
	Santa Clara County	
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Fuli Name			
of Second Inventor:	Lara	Herb	
	Last Name	First Name	Middle Name
	Hub D	aro.	12/15/09
	Signature		Ďate ✓
Post Office	5775 Diskandra Dlass	Navada CA	04500
Address:	5775 Dichondra Place Post Office Address	Newark, CA City, State or County	94560 Zip Code
	Post Office Address	City, State of County	Zip Code
STATE OF	) )		
COUNTY OF	_)		
and known by me to	be the above-named ind	ividual who acknowledge	peared <u>Herb Lara</u> to me know d the signing of the foregoin the uses and purposes therei
_		Notary Public	
(SEAL)			

State of California County of Santa Clara   ss.  On December 15,2009   before me, Traccy Horne   Notary Public, personally appeared   Herb Lara   who proved to me on the basis of satisfactory evidence to be the person(s) who name(s) is/are subscribed to the within instrument and acknowledged to me the he/she/the/r signatures(s) on the instrument the person(s), or the entity upon behalf 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.  TRACCY HORNE Commission # 1774884 Notary Public - California Fonta Clara County M. Comm. Poiss Oct 21, 2011  Semature
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(e) who name(s) is/are subscribed to the within instrument and acknowledged to me the/she/their signatures(s) on the instrument the person(e), or the entity upon behalf 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.  IRACEY HORNE Commission 1774884 Notary Public - Colifornia Sonta Clera County Ny Correct Representations  Adduttion  Addutt
who proved to me on the basis of satisfactory evidence to be the person(e) who name(s) is/are subscribed to the within instrument and acknowledged to me the he/she/they executed the same in his/her/their authorized capacity(jee), and that his/her/their signatures(s) on the instrument the person(e), or the entity upon behalf which the person(e) 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.  IRACEY HORNE Commission 1774884 Notary Fubble Collections Sonia Clora County Ny Commission 2021, 2011
name(s) is/are subscribed to the within instrument and acknowledged to me the he/she/they executed the same in his/her/their authorized capacity(jee), and that his/her/their signatures(s) on the instrument the person(e), or the entity upon behalf 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.  IRACEY HORNE Commission 1774884 Notary Fublic Collifornia Sonia Clora County Ny Commission 2021, 2011
foregoing paragraph is true and correct.  WITNESS my hand and official seal.  TRACEY HORNE Commission # 1774884 Notary Public - Colifornia Sonia Clora County My Correct Representation of the control of
Commission # 1774884 Notary Public - California Sonta Clara County My Comm. Boiss Oct 27, 2011
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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:

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Full Name			
of Third Inventor:	Hatch	Richard	
	Last Name	_Eirst Name	Middle Name
		7	1DFC09
	Signature		Date
Post Office			
Address:	4798 Sutter Gate Avenue	Pleasanton, CA	94566
	Post Office Address	City, State or County	Zip Code
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STATE OF	)		
	_) ss		
COUNTY OF			
· On this		001.0	
Un this	_ day of, 20	us perore me personally a	appeared <u>Richard Hatch</u> to me ed the signing of the foregoing
instrument to be a volu specified.	ntary act and deed and wh	o executed the same for t	he uses and purposes thereir
		Notary Public	
(SEAL)			

ACKNOWLEDGMENT	
State of California County of Santa Clara } ss.	
On <u>December 21,2009</u> before me, <u>Trac</u> Notary Public, personally appeared <u>Richard Hatel</u>	eyttorne
who proved to me on the basis of satisfactory evidence name(s) is/are subscribed to the within instrument and he/she/they executed the same in his/per/their authorized his/he/their signatures(s) on the instrument the person(s), which the person(s) acted, executed the instrument.	acknowledged to me that capacity(ies), and that by
I certify under PENALTY OF PERJURY under the laws of th foregoing paragraph is true and correct.	e State of California that the
WITNESS my hand and official seal.	TRACEY HORNE Commission # 1774584 Notary Public - California
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Date of Document  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	My Comm. Base Oct21, 2011 (seal)

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Full Name			
of Fourth Inventor:	Tchertkov	lgor	Leonidovich
	Last Name	First Name	Middle Name
<u>, , , , , , , , , , , , , , , , , , , </u>	Signature		Date
Post Office			
Address:	1789 Tice Valley Blvd.	Walnut Creek, CA	94595
	Post Office Address	City, State or County	Zip Code
STATE OF	) )\$\$		
COUNTY OF			
to me known and known	own by me to be the above	e-named individual who a	ared <u>Igor Leonidovich Tchertkov</u> cknowledged the signing of the same for the uses and purposes
		Notary Public	
(SEAL)			

Full Name			
of Fifth Inventor:	Nakamura	Kai	
	Last Name	First Name	Middle Name
		~	12/8/2004 Date
	Signature		Date
Post Office Address:	610 Cypress Avenue Post Office Address	San Mateo, CA City, State or County	94401 Zip Code
STATE OF	_) }ss _)		
known and known by m	e to be the above-named in	ndividual who acknowled	Tappeared <u>Kai Nakamura</u> to modged the signing of the foregoing in the uses and purposes therein
(SEAL)		Notary Public	

ACKNOWLEDGMENT	•
State of California County of Santa Clava } ss.	
On <u>December 15, 2009</u> before me, T Notary Public, personally appeared <u>Kai Naka</u>	raceuttorne.
who proved to me on the basis of satisfactory evider name(s) is are subscribed to the within instrument a he/spe/they executed the same in his/her/their author his/her/their signatures(s) on the instrument the person which the person(s) acted, executed the instrument.	and acknowledged to me that ized capacity(ies), and that by
I certify under PENALTY OF PERJURY under the laws of foregoing paragraph is true and correct.	of the State of California that the
WITNESS my hand and official seal.	RACEY HORNS Commission # 1774554 Helary Public - Collients Fortio Clora County
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Full Name			
of Sixth Inventor:	England	Laura	
	Last Name	First Name	Middle Name
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	Jamo Cla		12/17/09
	—Signature		Date
Post Office			
Address:	1032 Fountain Street	Alameda, CA	94501
	Post Office Address	City, State or County	Zip Code
STATE OF	)		
COUNTY OF	) SS )	_	
known and known by	me to be the above-named	i individual-who acknowled	appeared <u>Laura England</u> to me iged the signing of the foregoing the uses and purposes thereir
(SEAL)		Notary Public	

State of California	
State of California	
County of Santa Clara ) ss.	
On <u>December 13,2009</u> before me, <u>Tra</u> Notary Public, personally appeared <u>Laura Eng</u>	cey Horne
who proved to me on the basis of satisfactory evidence name(s) is/are subscribed to the within instrument and he/she/the/ executed the same in his/her/their authorize his/her/their signatures(s) on the instrument the person(s) which the person(s) acted, executed the instrument.	i acknowledged to me that of capacity(ies), and that by
I certify under PENALTY OF PERJURY under the laws of t foregoing paragraph is true and correct.	he State of California that the
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Capacity of Signer:TrusteePower of AttorneyCEO / CFO / COOPresident / Vice-President / Secretary / TreasurerOther:	is avaitable.

Full Name			
of Seventh Inventor:	Cinco	Marlo	
	Last Name	First Name	Middle Name
Mail	Signature	12	115109 Date
Post Office			
Address:	25338 N. Gold Ridge Dr.		94552
	Post Office Address	City, State or County	Zip Code
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COUNTY OF	_)		and the second second
and known by me to	be the above-named indiv	idual who acknowledged	ared <u>Marlo Cinco</u> to me known the signing of the foregoing he uses and purposes therein
		Notary Public	
(SEAL)	/ ·		

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State of California County of Santa Clara } ss.	
On <u>December 15,2009</u> before me, <u>Tra</u> Notary Public, personally appeared <u>May to Cun</u>	ceytorne.
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I certify under PENALTY OF PERJURY under the laws of togegoing paragraph is true and correct.	the State of California that the
WITNESS my hand and official seal.	TRACEY HOWNE Commission # 1774584 Hetary Fublic - California Santa Clara County
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Date of Document 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	(seal)

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ASSIGNMENT OF INVENTION AND PATENTS THEREON

WHEREAS, I (we), <u>Dragan Nebrigic</u>, <u>Herb Lara</u>, <u>Richard Hatch</u>, <u>Igor Leonidovich Tchertkov</u>, <u>Kai Nakamura</u>, <u>Laura England</u>, <u>and Marlo Cinco</u> have invented a <u>TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS</u> as fully disclosed in an application for Patent so entitled and filed by me (us) on <u>July 16</u>, 2009 as Application Serial No. <u>61/226,140</u>, and have invented a <u>TISSUE TREATMENT APPARATUS WITH FUNCTIONAL MECHANICAL STIMULATION AND METHODS FOR REDUCING PAIN DURING TISSUE TREATMENTS</u> as fully disclosed in an application for Patent so entitled and filed by me (us) on <u>12-30-2009</u> as Application Serial No. <u>12/649,781</u> 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:	Nebrigic Last Name	Dragan First Name	Middle Name
	Signature		Date
Post Office Address:	7904 Vista Guyaba Post Office Address	Carlsbad, CA City, State or County	92009 Zip Code
STATE OF)) ss)		
known and known by	me to be the above-name	d individual who acknowled	appeared <u>Dragan Nebrigic</u> to me lged the signing of the foregoing r the uses and purposes therein
(SEAL)		Notary Public	

Full Name			
of Second Inventor:	Lara	Herb	
	Last Name	First Name	Middle Name
	C:		
	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)		
known by me to be the	day of, 2009 b above-named individual whed and who executed the s	no acknowledged the signir	ared <u>Herb Lara</u> to me known and ng of the foregoing instrument to b poses 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 Post Office Address	Pleasanton, CA City, State or County	94566 Zip Code
and known by me to be t	_)) SS _) lay of, 2009 bethe above-named individual if deed and who executed the	who acknowledged the sign	ed <u>Richard Hatch</u> to me known ning of the foregoing instrument urposes therein specified.
(SEAL)		Notary Public	

Full Name of Fourth Inventor:	Tchertkov Last Name	lgor First Name	Leonidovich Middle Name
Jehnh			12/28/09
Post Office	Signature		Date
Address:	1789 Tice Valley Blvd. Post Office Address	Walnut Creek, CA City, State or County	94595 Zip Code
STATE OF ONE)ss tya (losta		
to me known and kno	wn by me to be the above	e-named individual who a	eared <u>Igor Leonidovich Tchertkov</u> acknowledged the signing of the same for the uses and purposes
		Notary Public	ayre)
(SEAL)			

Assignment of Invention and Patents Thereon

VIKKI CAYERE

VIKKI CAYERE
Commission # 1662891
Notary Public - California
Contra Costa County
MyComm Expires May 1, 2010

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PATENT

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		
On this and known by me to b	e the above-named individu	ial who acknowledged the s	ared <u>Kai Nakamura</u> to me known signing of the foregoing instrument d purposes therein specified.
		Notary Public	
(SEAL)			

Full Name			•
of Sixth Inventor:	England	Laura	
	Last Name	First Name	Middle Name
	Signature	- NA	Date
	Ť		
Post Office			
Address:	1032 Fountain Street	Alameda, CA	94501
	Post Office Address	City, State or County	Zip Code
STATE OF			
COUNTY OF) SS)		
and known by me to b	e the above-named individu	ial who acknowledged the s	ared <u>Laura England</u> to me knowr signing of the foregoing instrumen I purposes therein specified.
		Notary Public	
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(SEAL)			

Full Name			
of Seventh Inventor:	Cinco	Marlo	
	Last Name	First Name	Middle Name
	Signature		Date
Post Office			
Address:	25338 N. Gold Ridge Dr.		94552
	Post Office Address	City, State or County	Zip Code
STATE OF	_)		
COUNTY OF) SS)		
On this	day of 2009	hefore me nersonally ann	eared <u>Marlo Cinco</u> to me known
and known by me to be	the above-named individual	l who acknowledged the s	igning of the foregoing instrument purposes therein specified.
		Notary Public	
(SEAL)			

RECORDED: 12/30/2009