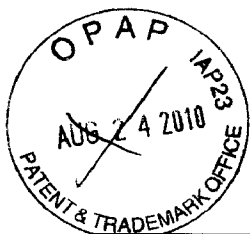


AUG. 24. 2010



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NO. 5664 P. 2



09-13-2010

Substitute Form PTO-1595 Attorney Docket No.: 20240-0004003 Client's Ref. No.: RM-INVD - IC (CON)



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9-10-10

Commissioner for Patents: Please record the attached original document(s) or copy(ies).

1. Name of conveying party(ies): Doron Harlev, Pavel Greenfield and Leon Amariglio Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies): Rhythmia Medical, Inc. 111 S. Bedford Street Suite 205 Burlington, MA 01803 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: 06/22/2006; 06/15/2006; 06/22/2006			
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: 06/01/2010 A. Patent Application No(s): 12/791,456 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: TONYA S. DRAKE Fish & Richardson P.C. 225 Franklin Street Boston, MA 02110		6. Total number of applications/patents involved: 1 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.: 06-1050 Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050.	
DO NOT USE THIS SPACE			
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> Tonya S. Drake Reg. No. 57,861 Name of Person Signing Signature 8-24-10 Date Total number of pages including coversheet, attachments and document: 6 pages			

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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.

8/24/2010 [Signature] Kristi A. Holmlund
Date of Transmission Signature Typed Name of Person Signing Certificate

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PATENT

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ASSIGNMENT

For valuable consideration, we, Doron Harley, of 50 Follen Street, Apt. 511, Cambridge, MA 02138; Pavel Greenfield, of 630 E. Manoa Road, Havertown, PA 19083; Leon Amariglio, of 30 Governor Winthrop Road, Somerville, MA 02145; hereby assign to RHYTHMIA MEDICAL, INC., a corporation of Delaware, having a place of business at 400 West Cummings Park, Suite 2050, Woburn, MA 01801, 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 us, entitled NON-CONTACT CARDIAC MAPPING, INCLUDING RESOLUTION MAP, filed June 13, 2006, and assigned U.S. Serial Number 11/451,871, and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; 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 we authorize the Assignee to apply in all countries in our 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 we agree for ourselves and our 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.

DATE: 6/22/06

[Signature]
DORON HARLEV

STATE OF MASSACHUSETTS)
COUNTY OF MIDDLESEX) SS.

On June 22, 2006, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared DORON HARLEV personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

[Signature]
Notary Public



JASON POLAND
Notary Public
Commonwealth of Massachusetts
My Commission Expires
April 28, 2007



DATE: 6/15/06

P. Greenfield
PAVEL GREENFIELD

STATE OF New York)
COUNTY OF Nassau) SS.

On June 15, 2006, before me, the undersigned, a notary public for the State of Pennsylvania, there personally appeared PAVEL GREENFIELD personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

LINDSAY M. FLYNN
NOTARY PUBLIC, STATE OF NEW YORK
No. 01FL6113268
QUALIFIED IN NASSAU COUNTY
MY COMMISSION EXPIRES JULY 26, 2008

Lindsay M. Flynn
Notary Public

DATE: 6/22/06

Leon Amarioglio
LEON AMARIGLIO

STATE OF Massachusetts
COUNTY OF Plymouth } SS.

On June 22, 2006, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared LEON AMARIGLIO personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Jason Poland
Notary Public



JASON POLAND
Notary Public
Commonwealth of Massachusetts
My Commission Expires
April 26 2007

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