

# PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

| SUBMISSION TYPE:   | NEW ASSIGNMENT           |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
|--|--------------------------|---------------|--------------------------|---------------------|----------------------|-------------------|----------------|-------|-----------|----------------|-------------|--------------|-------|
| NATURE OF CONVEYANCE:  | ASSIGNMENT               |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| <b>CONVEYING PARTY DATA</b>  |                          |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| <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>Gregory Fischvogt</td> <td>10/20/2010</td> </tr> <tr> <td>Robert C. Smith</td> <td>10/20/2010</td> </tr> </tbody> </table>   |                          | Name          | Execution Date           | Gregory Fischvogt   | 10/20/2010           | Robert C. Smith   | 10/20/2010     |       |           |                |             |              |       |
| Name   | Execution Date           |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| Gregory Fischvogt  | 10/20/2010               |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| Robert C. Smith  | 10/20/2010               |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| <b>RECEIVING PARTY DATA</b>  |                          |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td>Tyco Healthcare Group LP</td> </tr> <tr> <td>Street Address:</td> <td>555 Long Wharf Drive</td> </tr> <tr> <td>Internal Address:</td> <td>MailStop 8 N-1</td> </tr> <tr> <td>City:</td> <td>New Haven</td> </tr> <tr> <td>State/Country:</td> <td>CONNECTICUT</td> </tr> <tr> <td>Postal Code:</td> <td>06511</td> </tr> </table> |                          | Name:         | Tyco Healthcare Group LP | Street Address:     | 555 Long Wharf Drive | Internal Address: | MailStop 8 N-1 | City: | New Haven | State/Country: | CONNECTICUT | Postal Code: | 06511 |
| Name:  | Tyco Healthcare Group LP |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| Street Address:  | 555 Long Wharf Drive     |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| Internal Address:  | MailStop 8 N-1           |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| City:  | New Haven                |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| State/Country:   | CONNECTICUT              |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| Postal Code:   | 06511                    |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| PROPERTY NUMBERS Total: 1  |                          |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Property Type</th> <th style="width: 70%;">Number</th> </tr> </thead> <tbody> <tr> <td>Application Number:</td> <td>29375334</td> </tr> </tbody> </table>  |                          | Property Type | Number                   | Application Number: | 29375334             |                   |                |       |           |                |             |              |       |
| Property Type  | Number                   |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| Application Number:  | 29375334                 |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| <b>CORRESPONDENCE DATA</b>   |                          |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| Fax Number: (203)821-2183<br><i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i><br>Phone: 203-492-5000<br>Email: sue.rickard@covidien.com<br>Correspondent Name: Tyco Healthcare Group LP d/b/a Covidien<br>Address Line 1: 555 Long Wharf Drive<br>Address Line 2: Mail Stop 8-N1, Legal Department<br>Address Line 4: New Haven, CONNECTICUT 06511   |                          |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| ATTORNEY DOCKET NUMBER:  | H-US-02923 (203-7870)    |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| NAME OF SUBMITTER:   | Thomas C. Hughes         |               |                          |                     |                      |                   |                |       |           |                |             |              |       |
| Total Attachments: 3<br>source=HUS02923Assignment#page1.tif  |                          |               |                          |                     |                      |                   |                |       |           |                |             |              |       |

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**PATENT**  
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Attorney Docket No. H-US-02923  
(203-7870)  
PATENT

For: ☒ U.S. and/or ☒ Foreign Rights  
For: ☒ U.S. Application or ☐ U.S. Patent  
By: ☒ Inventor(s) or ☐ Present Owner

**ASSIGNMENT OF INVENTION**

In consideration of the payment by ASSIGNEE to ASSIGNORS of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,  
**ASSIGNORS:**

1. Gregory Fishvogt
2. Robert C. Smith

(If assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO add the following)

Recorded on: \_\_\_\_\_  
Reel \_\_\_\_\_  
Frame \_\_\_\_\_

hereby sells, assigns and transfers to

ASSIGNEE:

TYCO Healthcare Group LP  
MailStop 8 N-1  
Legal Department  
555 Long Wharf Drive  
New Haven, CT 06511  
USA

and the successors, assigns and legal representatives of the ASSIGNEE

☒ the entire right, title and interest

☐ an undivided \_\_\_\_\_ percent (\_\_\_\_\_% ) interest for the United States and its territorial possessions

☒ and in all foreign countries, including all rights to claim priority, the right to sue for present, past and future infringement, in the United States, its territorial possessions, and in all foreign countries, including all treaty and convention rights in and to the invention and any and all improvements entitled:

**BLADE-LESS SURGICAL OBTURATOR**

and which is found in

- (a) ☐ U.S. patent application executed on even date herewith.
- (b) ☐ U.S. patent application executed on \_\_\_\_\_.
- (c) ☒ U.S. design application Serial No. 29/375,334 filed on 09/21/2010.
- (d) ☐ U.S. provisional application No. \_\_\_\_\_ filed on \_\_\_\_\_.
- (e) ☐ U.S. Patent No. \_\_\_\_\_ issued \_\_\_\_\_.
- (f) ☐ PCT application No. \_\_\_\_\_ filed on \_\_\_\_\_.
- (g) ☐ A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.

- (h) ☒ and any legal equivalent thereof in a foreign country, including the right to claim priority and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, continuation-in-part, divisional, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof

ASSIGNORS hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment;

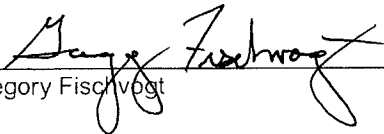
ASSIGNORS hereby authorizes and requests the Commissioner of Patents and Trademarks to issue all such Letters Patent to ASSIGNEE:

ASSIGNORS further covenants to promptly provide all pertinent facts and documents known and accessible to ASSIGNORS relating to said invention and said Letters Patent and legal equivalents; to testify as to the same in any interference, litigation or proceeding related thereto; to execute and deliver any and all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patents which may be granted therefor in said ASSIGNEE, its successors, assigns or other legal representatives; to execute any additional or divisional applications for patents for said invention, or any part or parts thereof, and for the reissue of any Letters Patents to be granted therefor; and to make all rightful oaths and do all lawful acts requisite for procuring the same or for aiding therein, all without further compensation, but at the sole expense of ASSIGNEE, its successors, assigns, or other legal representatives.

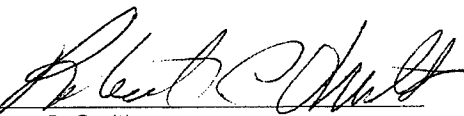
ASSIGNORS hereby grants ASSIGNEE and Assignee's attorneys the power to insert the Serial No. and/or filing date of the above-described application(s) after such information becomes known to them.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal.

**WARNING:** Date of signing must be the **same as** the date of execution of the application if item (a) was checked above.

1.   
Gregory Fischvogt

10/20/10  
Dated

2.   
Robert C. Smith

10/20/2010  
Dated

☒ Notarization or Legalization Page Added.

1.

State of Connecticut )  
 )  
County of New Haven )

ss: North Haven

Before me this 20 day of October 2010, personally appeared Gregory Fischvogt to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

  
\_\_\_\_\_  
Notary Public

AFFIX SEAL

**MICHELE LYNN CIANCOLA**  
**NOTARY PUBLIC**  
**State of Connecticut**  
**My Commission Expires**  
**August 31, 2015**

2.

State of Connecticut )  
 )  
County of New Haven )

ss: North Haven

Before me this 20 day of October 2010, personally appeared Robert C. Smith to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

  
\_\_\_\_\_  
Notary Public

AFFIX SEAL

**MICHELE LYNN CIANCOLA**  
**NOTARY PUBLIC**  
**State of Connecticut**  
**My Commission Expires**  
**August 31, 2015**