

Form PTO-1595 (Rev. 09/04)
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U.S. DEPARTMENT OF COMMERCE
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RECORDATION FORM COVER SHEET

PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

PETER NICHOLAS BRAIDO

Execution Date(s): October 25, 2010

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

2. Name and address of receiving party(ies)

Name: ST. JUDE MEDICAL, INC.

Internal Address: _____

Street Address: _____

ONE ST. JUDE MEDICAL DRIVE

City: ST. PAUL

State: MINNESOTA

Country: United States of America Zip: 55117-9983

Additional name(s) & address(es) attached? ☐ Yes ☒ No

3. Nature of Conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

4. Application or patent number(s):

A. Patent Application No.(s)

29/375,235

☐ This document is being filed together with a new application.

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Charles H. Humkey
LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK, LLP

Internal Address: Atty. Dkt.: STJUDE 3.1-141

Street Address: 600 South Avenue West

City: Westfield

State: NJ Zip: 07090

Phone Number: (908) 654-5000

Fax Number: (908) 654-0415

Email Address: chumkey@ldlkm.com

6. Total number of applications and patents involved:

1

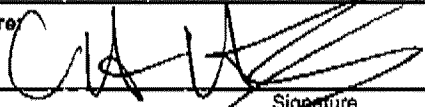
7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- ☐ Authorized to be charged by credit card
☒ Authorized to be charged to deposit account
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☐ None required (government interest not affecting title)

8. Payment Information

- a. Credit Card Last 4 Numbers _____
 Expiration Date _____
 b. Deposit Account Number 12-1095
 Authorized User Name Charles H. Humkey

9. Signature



Signature

Charles H. Humkey - 60,702

Name of Person Signing

November 22, 2010

Date

Total number of pages including cover sheet, attachments, and documents:

2

ASSIGNMENT OF DESIGN APPLICATION	<small>former PTO/SB/16 (8-001 Modified LDLKM)</small> Docket Number (Optional) STJUDE 3.1-141
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Whereas, I, Peter Nicholas Braldo of 21460 Heidelberg St. NE; Wyoming, Minnesota 55092

hereafter referred to as assignor, have invented certain new and useful improvements in

FORKED END

☒ for which an application for a United States Design Patent was filed on September 20, 2010
 Application Number 29/375,235

☐ for which an application for a United States Design Patent was executed by me on _____

☐ for which an International Application was filed on _____, as
 _____, designating the United States.

And

Whereas, St. Jude Medical, Inc.
 a corporation of herein referred to as "assignee" whose mailing address is
One St. Jude Medical Drive; St. Paul, Minnesota 55117-9963

is desirous of acquiring the entire right, title and interest in the same;

NOW, THEREFORE, in consideration of the sum of one dollar (\$ 1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I as assignor hereby sell, assign and set over to said assignee the entire right, title and interest for the United States of America and all other countries in and to said invention and the aforesaid Design patent application and all original, divisional, continuation, substitute or reissue applications and patents applied for or granted therefor in the United States of America and all other countries, for said invention, including without limitation all applications and patents for said invention claiming priority or benefit of the aforesaid Design application pursuant to any law or treaty, and including the right to claim such priority or benefit and the Commissioner of Patents and Trademarks is hereby authorized and requested to issue all patents on said improvements or resulting therefrom to said assignee herein, as assignee of the entire interest therein; and the undersigned for me and my legal representatives, heirs and assigns do hereby agree and covenant without further remuneration, to execute and deliver all original, divisional, continuation, reissue and other applications for Design Patent on said improvements and all assignments thereof to said assignee or its assigns, to communicate to said assignee or its representatives all facts known to the undersigned respecting said improvements, whenever requested, to testify in any interferences or other legal proceedings in which any of said applications or patents may become involved, to sign all lawful papers, make all rightful oaths, and to do generally everything necessary to aid assignee, its successors, assigns and nominees to obtain patent protection for said improvements in all countries, the expenses incident to said applications to be borne and paid by said assignee.


And I do hereby authorize my attorneys to insert on this deed the filing date and application number of said application when known.

25 Oct 10 (Date) [Signature] (Signature)

State of Minnesota) ss:
 County of Anoka)

On this 25th day of October, 2010 before me _____ personally came the above-named Peter Nicholas Braldo, to me personally known as the individual who executed the foregoing instrument, who acknowledged to me that the same was executed by him/her of his/her own free will for the purposes therein set forth.

[Signature]
 (Notary Public)


ANDREA J. PAHAN
 NOTARY PUBLIC
 MINNESOTA
My Commission Expires Jan. 31, 2015

LD-5221