Form PTO-1595 (Rev. 07/05) OMB No. 0651-0027 (exp. 6/30/2008)

RE: Document ID Number 103612504 U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office

| RECORDATION FORM COVER SHEET PATENTS ONLY | | |
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| To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below. | | |
| Name of conveying party(ies) Roger A. Stern, Jla H. Xiao, Jerome Jackson, Grant M. Glaze Filing date: November 10, 2010 Date Declaration signed: November 9, 2010 Date Assignment signed (also execution dates): Roger A. Stern (January 13, 2011), Jla H. Xiao (December 30, 2010), Jerome Jackson (January 13, 2011), Grant M. Glaze (January 10, 2011) Additional name(s) of conveying party(ies) attached? Yes ✓ No | 2. Name and address of receiving party(les) Name: Cardea MedSystems, Inc. Internal Address: | |
| 3. Signature Declaration Date(s) <u>November 9, 2010</u> Assignment Merger | Street Address: 1346 Bordeaux Drive | |
| Security Agreement Change of Name Joint Research Agreement Government Interest Assignment | City: <u>Sunnyvale</u> State: <u>California</u> | |
| Government Interest Assignment Executive Order 9424, Confirmatory License Other | Country: USA Zip: 94089 Additional name(s) & address(es) attached? Yes V No | |
| 4. Application or patent number(s): This A. Patent Application No.(s) Application Number:12/927,311 (Docket Number: AJ-1) | 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 6. Total number of applications and patents | | |
| concerning document should be mailed: | involved: 1 | |
| Name: David Lewis, Registered Patent Agent | 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u> | |
| Internal Address: Suite 200B | Authorized to be charged by credit card Authorized to be charged to deposit account | |
| Street Address: 1250 Aviation Ave. | Enclosed (\$40.00 was paid with initial filing on November 10, 2010) None required (government interest not affecting title) | |
| City: San Jose | 8. Payment Information | |
| State: <u>CA</u> Zip: <u>95110</u> | a. Credit Card Last 4 Numbers Expiration Date | |
| Phone Number: <u>408-993-1800</u> | b. Deposit Account Number <u>503345</u> | |
| Fax Number: <u>408-993-1800</u> | Authorized User Name David Lewis | |
| Email Address: <u>davidlewisnmn@yahoo.com</u> | | |
| 9. Signature: <u>Carry Surg</u> Signature | Han 18,2011 Date | |
| David Lewis Name of Person Signing | | |
| Documents to be recorded (including cover sheet) should be favor to (574) 272 0440, or mailed to | | |
| Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450 PATENT | | |

RE: Document ID Number 103823504025650 FRAME: 0565

| Form PTO-1595 (Rev. 07/05) 12/9273 OMB No. 0551-0027 (exp. 6/30/2008) 11/10/20 | 010 11-20-2010 COMMER |
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| RECORDATION F | |
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| Roger A. Stern, Jia H. Xiao, Jerome Jackson, Grant M. Glaze Filing date: November 10, 2010 execution date Date Declaration signed: November 09, 2010 Date Assignment signed: November November 09, 2010 | Name: Cardea MedSystems, Inc. |
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| Executive Order 9424, Confirmatory License | Country: USA Zip: 94089 Additional name(s) & address(es) attached? |
| A. Patent Application No.(s) Not Yet Assigned | B. Patent No.(s) Docket Number: AJ-1 |
| Additional numbers a 5. Name and address to whom correspondence concerning document should be malled: | 6. Total number of applications and patents involved: 1 |
| Name: David Lewis, Registered Patent Agent | |
| Internal Address: Suite 200B | 7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00 |
| Street Address: 1250 Aviation Ave. | Authorized to be charged to deposit account Enclosed Check for \$805.00 is enclosed, which includes \$40.00. None required (government interest not affecting) |
| City: <u>San Jose</u> | 8. Payment Information |
| State: CA Zip: 95110 | a. Credit Card Last 4 Numbers Expiration Date |
| Phone Number: 408-993-1800 | b. Deposit Account Number 503345 |
| Fax Number: 408-993-1800 | |
| Email Address: <u>davidlewisnmn@vaheo.com</u> 9. Signature: | Authorized User Name <u>David Lewis</u> |
| Signature | Aur J. 10, 2010 Date |
| David Lewis Name of Person Signing | |

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PAIENI ¹¹作世社和0256时的中央体制在: 0566

In consideration of good and valuable consideration, the receipt of which is hereby acknowledged,

ASSIGNORS:

FIRST NAMED INVENTOR: Address:

Roger A. Stern 10418 Palo Vista Road Cupertino, CA 95014

SECOND NAMED INVENTOR: Address: Jia H. Xiao 5777 Marsh Hawk Drive Santa Rosa, CA 95409

THIRD NAMED INVENTOR: Address: Jerome Jackson 1725 Fallen Leaf Lane Los Altos, CA 94024

FOURTH NAMED INVENTOR: Address: Grant M. Glaze 450 North Mathilda Avenue, Apartment R104 Sunnyvale, CA 94085

hereby sell, assign and transfer to

ASSIGNEE:

NAME: Address: Cardea MedSystems, Inc. 1346 Bordeaux Drive Sunnyvale, CA 94089

the entire right, title and interest for the United States and its territorial possessions, and in all foreign countries, including all rights to claim priority, in and to any and all inventions which are disclosed in a patent application entitled "HOLLOW BODY CAVITY ABLATION APPARATUS" (Docket Number: AJ-1 and Application Number: 12/927,311), and listing the above ASSIGNORS as one of the inventors; and in and to all Letters Patent to be obtained for said invention, including all derivatives from the above application or patent, including any conversion, continuation, continuation-in-part, division, renewal, substitute, re-file, reissue or re-examination, P.C.T. applications, thereof in any country.

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

1 of 2

2011 Date:

Date:___

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Signature of Rd

Signature of Jia H. Xiao

Signature of Jerome Jackson

Date:_____

Signature of Grant M. Glaze

PATENT REEL: 025650 FRAME: 0568

2 of 2

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Date:

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Date: January 13, 2011

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Form **PTO-1595** (Rev. 07/05) OMB No. 0651-0027 (exp. 6/30/2008)

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| | document is being filed together with a new application. | |
| A. Patent Application No.(s) Application Number: 12/927,311 (Docket Number: AJ-1) Additional numbers at | B. Patent No.(s) | |
| 5. Name and address to whom correspondence concerning document should be mailed: | 6. Total number of applications and patents involved: 1 | |
| Name: David Lewis, Registered Patent Agent | 7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00 | |
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| Email Address: <u>davidlewisnmn@yahoo.com</u> | | |
| 9. Signature: Law Signature | Dan 18, 2011 Date | |
| David Lewis Name of Person Signing | | |
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RECORDED: 01/18/2011 RE: Document ID Number 103612504025650 FRAME: 0583