

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Martin Baumer	03/30/2011
Peter T. Bauer	03/30/2011
RECEIVING PARTY DATA	
Name:	Inovise Medical, Inc.
Street Address:	8770 SW Nimbus Avenue, Suite D
City:	Beaverton
State/Country:	OREGON
Postal Code:	97008
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	29388848
CORRESPONDENCE DATA	
Fax Number:	(503)232-3127
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	503-504-2271
Email:	jon@jmline.com
Correspondent Name:	Jon M. Dickinson
Address Line 1:	8015 SE 31st Avenue
Address Line 4:	Portland, OREGON 97202
ATTORNEY DOCKET NUMBER:	INOV.1064D
NAME OF SUBMITTER:	Jon M. Dickinson
Total Attachments: 3 source=20110402_Assign_INOV1064D#page1.tif source=20110402_Assign_INOV1064D#page2.tif source=20110402_Assign_INOV1064D#page3.tif	

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PATENT
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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)

Martin Baumer
Peter T. Bauer

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

3. Nature of conveyance/Execution Date(s):

Execution Date(s) March 30, 2011

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

2. Name and address of receiving party(ies)

Name: Inovise Medical, Inc.

Internal Address: _____

Street Address: 8770 SW Nimbus Avenue, Suite D

City: Beaverton

State: OR

Country: US Zip 97008

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

4. Application or patent number(s):

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

A. Patent Application No.(s)

B. Patent No.(s)

29/388,848

Additional numbers attached? ☐ Yes ☒ No

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

Name: Jon M. Dickinson

Internal Address: _____

Street Address: 8015 SE 31st Avenue

City: Portland

State: OR Zip 97202

Phone Number: (503) 504-2271

Fax Number: (503) 232-3127

Email Address: jon@jmline.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$40

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

8. Payment Information

Deposit Account Number _____

Authorized User Name _____

9. Signature:

/Jon M. Dickinson/

April 2, 2011

Signature

Date

Jon M. Dickinson

Name of Person Signing

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

3

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

ASSIGNMENT

WHEREAS, we, Martin Baumer of Carlton, Oregon, and Peter T. Bauer of West Linn, Oregon, have invented certain improvements in HEART-SOUND, ECG SENSOR/ADAPTER; and

WHEREAS, Inovise Medical, Inc., an Oregon Corporation, having its principal place of business in Beaverton, Oregon, is desirous of acquiring an interest therein;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which hereby are acknowledged, we, Martin Baumer and Peter T. Bauer, have sold, assigned, and transferred, and do hereby sell, assign, and transfer, to Inovise Medical, Inc., its successors and assigns, the full and exclusive right to the invention in the United States and its territorial possessions and in all foreign countries, and the entire right, title, and interest in and to any and all Letters Patent that may be granted therefor in the United States and its territorial possessions and in any and all foreign countries, and in and to any and all divisions, continuations, reissues, substitutions, and extensions thereof.

We hereby authorize and request the Patent Office officials in the United States and any and all foreign countries to issue any and all of said Letters Patent, when granted, to Inovise Medical, Inc., as the assignee of our entire right, title, and interest in and to the same, for the sole use of Inovise Medical, Inc., and its successors and assigns.

Further, we hereby covenant and agree to and with Inovise Medical, Inc., and its successors and assigns, at the time of execution and delivery of these presents, that we are the sole and lawful owner of the entire right, title, and interest in and to the invention and the above-identified design patent application, and that the same are unencumbered, and that we have good and full right and lawful authority to sell and convey the same in the manner herein set forth.

Further, we agree that we will communicate to Inovise Medical, Inc., or its representatives, any facts known to us respecting the invention, and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuation, reissue, substitution, and extension applications, execute all necessary assignment papers to

cause any and all of said Letters Patent to be issued to Inovise Medical, Inc., make all rightful oaths, and generally do everything possible to aid Inovise Medical, Inc., and its successors and assigns, to obtain and enforce proper protection for the invention in the United States and in any and all foreign countries.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 30th
day of March, 2011.

Martin Baumer
Martin Baumer

Witness:

Signature:

Name:

Carla Donaca
Address: 8770 SW Nimbus Ave Ste D
City & State: Beaverton OR 97008

IN TESTIMONY WHEREOF, I have hereunto set my hand this 30th
day of March, 2011.

Peter T. Bauer
Peter T. Bauer

Witness:

Signature:

Name:

Carla Donaca
Address: 8770 SW Nimbus Ave Ste D
City & State: Beaverton OR 97008