

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Massachusetts General Hospital	05/15/1992
RECEIVING PARTY DATA	
Name:	The General Hospital Corporation
Street Address:	55 Fruit Street
City:	Boston
State/Country:	MASSACHUSETTS
Postal Code:	02114
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12690185
CORRESPONDENCE DATA	
Fax Number:	(202)654-9672
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	202-654-6200
Email:	dmayhew@perkinscoie.com
Correspondent Name:	PERKINS COIE LLP
Address Line 1:	700 Thirteenth Street, NW
Address Line 2:	Suite 600
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20005
ATTORNEY DOCKET NUMBER:	00952-8233
NAME OF SUBMITTER:	John P. Isacson
Total Attachments: 4 source=00952-8233#page1.tif source=00952-8233#page2.tif source=00952-8233#page3.tif source=00952-8233#page4.tif	

CH \$40.00 12690185

PATENT

501516422

REEL: 026205 FRAME: 0336

BUSINESS CERTIFICATE
City of Boston

Date: May 15, 1992

Under the provisions of Chapter One Hundred Ten, Section Five of the General Laws, as amended,
the undersigned hereby declares that a business under the title of:
Massachusetts General Hospital

(please print)

Business address: 55 Fruit Street
Boston, MA 02114

ZIP CODE

By the following-named persons or corporation:

FULL NAME

RESIDENCE ADDRESS

The General Hospital Corporation

55 Fruit Street

Boston, MA 02114

Signed:

Ernest M. Haddad, Secretary - Massachusetts General Hospital

Trustees' House

Boston, MA 02114

x

(do not write below this line)

THE COMMONWEALTH OF MASSACHUSETTS

Suffolk: ss.

Date: 5/15/92

Personally appeared before me, the above-named ERNEST M. HADDAD

On this date and made oath that the foregoing statement is true.

Seal



Notary Public

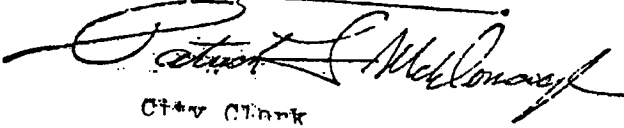
My commission expires: 5/28/93

This certificate expires: 5/19/96

X-6422

City of Boston, MAY 19 1992. A true
copy of document filed in the office of the City Clerk,
MAY 10 1992 at 11:16 AM

Attest:


City Clerk



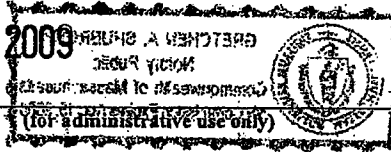
BUSINESS CERTIFICATE
City of Boston

☒ New Filing
☐ Renewal

Filing Fee: \$50.00

AUG. 23 2009

This Certificate Expires: _____



Under the provisions of Chapter One Hundred Ten, Section Five of the Massachusetts General Laws, as amended, the undersigned hereby declares that a business under the title of:

Massachusetts General Hospital
(Please Print)

is being conducted at:

55 Fruit Street
(P.O. Box not permitted)

Boston
Town

MA
State

02114
zip code

By the following individual (s)
or Corporation:

Corporation or
Residence Address
(P.O. Box not permitted)

Full Name (s)

The General Hospital
Corporation

55 Fruit Street, Boston 02114

Signature (s)

Pat T. Hawn

Local Telephone Number: 617/724-9300

Type of Business: Hospital

Important Notice: This certificate expires four years from the date of issue. If you cease conducting business before that time, the law requires that you withdraw this certificate with the Office of the City Clerk.

Please see reverse side

The Commonwealth of Massachusetts

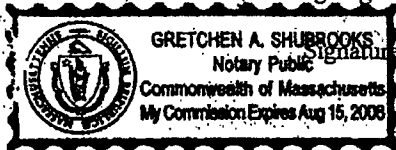
County: Suffolk

Date: 8 / 4 / 05

Personally appeared before me, the named individual (s) Peter C. Slavin, MD

On the above date and made oath that the foregoing statement is true.

Notary Seal
/Stamp



Signature: Gretchen A Shulbrooks
☐ Justice of the Peace
☒ Notary Public
Commission Expires: / /

Certificate and Statement

(for Non-Residents Only doing business in Massachusetts)

☐ Filing Fee: \$25.00 (in addition to regular fee)

Pursuant of MGL Ch. 227, Sec 5A, I/We hereby appoint the City Clerk of the City Of Boston, and his successors in office, as my/our true and lawful agent upon whom all lawful process may be served in any action arising out of the business described on the front hereof.

Signature (s): _____

☐ Ch. 227, Sec 5A
Corporate Seal

City of Boston Certification
(for administrative use only)

AUG 23 2005

City of Boston, _____ a true

copy of document filed in the office of the City Clerk

AUG 23 2005

Attest:

Rosaria Salerno
City Clerk

Office of the City Clerk, Room 601, Boston City Hall, Boston, Massachusetts 02201