Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Matthew Yurek	02/15/2011
Jerome Segal M.D.	02/15/2011
Kabir Gambhir	02/15/2011
Robert Huffman	02/15/2011
Kurt Vedder	02/15/2011

RECEIVING PARTY DATA

Name:	Ouroboros Medical, Inc.
Street Address:	5976 W. Las Positas
Internal Address:	Suite 126
City:	Pleasanton
State/Country:	CALIFORNIA
Postal Code:	94588

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	12316789

CORRESPONDENCE DATA

Fax Number: (858)456-8066

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

(619) 980-8680 Phone: debonair7@att.net Email: Correspondent Name: Michael Klicpera Address Line 1: P.O. Box 573

Address Line 4: La Jolla, CALIFORNIA 92038

NAME OF SUBMITTER: Michael Klicpera

Total Attachments: 28

501530399

source=PTO595_12-316789#page1.tif source=ExecutedAssignment12-316789#page1.tif source=ExecutedAssignment12-316789#page2.tif source=ExecutedAssignment12-316789#page3.tif source=ExecutedAssignment12-316789#page4.tif source=ExecutedAssignment12-316789#page5.tif source=ExecutedAssignment12-316789#page6.tif source=ExecutedAssignment12-316789#page7.tif source=ExecutedAssignment12-316789#page8.tif source=ExecutedAssignment12-316789#page9.tif source=ExecutedAssignment12-316789#page10.tif source=ExecutedAssignment12-316789#page11.tif source=ExecutedAssignment12-316789#page12.tif source=ExecutedAssignment12-316789#page13.tif source=ExecutedAssignment12-316789#page14.tif source=ExecutedAssignment12-316789#page15.tif source=ExecutedAssignment12-316789#page16.tif source=ExecutedAssignment12-316789#page17.tif source=ExecutedAssignment12-316789#page18.tif source=ExecutedAssignment12-316789#page19.tif source=ExecutedAssignment12-316789#page20.tif source=ExecutedAssignment12-316789#page21.tif source=ExecutedAssignment12-316789#page22.tif source=ExecutedAssignment12-316789#page23.tif source=ExecutedAssignment12-316789#page24.tif source=ExecutedAssignment12-316789#page25.tif source=ExecutedAssignment12-316789#page26.tif source=ExecutedAssignment12-316789#page27.tif

	RM COVER SHEET SONLY	
To the Director of the U.S. Patent and Trademark Office: Pleas	e record the attached documents or the new address(es) b	elow.
Name of conveying party(ies) Matthew Yurek, Jerome Segal, Kabir Gambhir, Robert Huffman, Kurt Vedder	2. Name and address of receiving party(ies) Name:Ouroboros Medical, Inc. Internal Address:Suite 126	
Additional name(s) of conveying party(ies) attached? Yes No. 3. Nature of conveyance/Execution Date(s): Execution Date(s) Assignment Becurity Agreement Change of Name Conveyance/Execution Date(s): Change of Name	Street Address: 5876 W. Las Positas City: Pleasanton State: California	
Government Interest Assignment Executive Order 9424, Confirmatory License Other	Country: US Zip 94588 Additional name(s) & address(es) attached? Yes	s 🗵 No
A. Patent Application No.(s) 12/316,789 Additional numbers at	B. Patent No.(s) B. Patent No.(s) B. Patent No.(s)	
5. Name and address to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: one	
NameMichael Klicpera Internal Address:	7. Total fee (37 CFR 1.21(h) & 3.41) \$40	ınt
Street Address: P.O. Box 573	Enclosed None required (government interest not affect	
City: La Jolla	8. Payment Information	
State: California Zip92038		
Phone Number(619) 980-8680	Deposit Account Number 502274	
Fax Number: Email Address: debonair7@att.net	Authorized User Name Michael Klicpera	
9. Signature: /Michael Klicpera Signature	05/13/2011 Date	
Michael Klicpera Name of Person Signing	Total number of pages including cover sheet, attachments, and documents:	28

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

THIS PATENT ASSIGNMENT (this "Assignment") is made effective as of the 15th day of February 2011 by and between Matthew Yurek, an individual having an address of 12957 La Tortola Drive, San Diego, California 92129 ("ASSIGNOR") and Ouroboros Medical, Inc, a corporation organized and existing under the laws of Delaware and having a principal place of business located at 5976 W. Las Positas Blvd, Suite 126, Pleasanton, California 94588 ("ASSIGNEE").

RECITALS:

WHEREAS, ASSIGNOR is the record owner of interest in U.S. Patent Application No. 12/316,789 and entitled "Mechanical Apparatus and Method for Delivering Materials into the Inter-Vertebral Body Space for Nucleus Replacement" (the "Patent"); and

WHEREAS, ASSIGNEE desires to acquire and commercialize the inventions claimed therein, ASSIGNEE accepts the transfer of all of ASSIGNOR'S right, title and interest in and to the Patent.

AGREEMENT:

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and pursuant to this Assignment, the parties agree as follows:

- 1. <u>Assignment</u>: ASSIGNOR does hereby assign and transfer to ASSIGNEE, its permitted successors, assigns and legal representatives, all ASSIGNOR'S right, title and interest in and to the Patent, including all claims for past infringement, and all rights to publish notices regarding ownership of the Patent. In the event that ASSIGNEE fails to exploit the inventions claimed in the Patents within five (5) years of the date of this Assignment, the entire rights, title and interest in and to the Patents and all other rights associated therewith assigned to ASSIGNEE herein shall revert back to ASSIGNOR.
- 2. <u>Cooperation</u>: ASSIGNOR further agrees to do all things necessary and to execute any and all powers of attorney, applications, assignments, declarations, affidavits, and any other papers in connection therewith to perfect such rights, title and interest in ASSIGNEE, its successors, assigns and legal representatives. ASSIGNOR agrees to cooperate with ASSIGNEE in any litigation relating to the enforcement of rights to the Patent. All costs and expenses incurred by ASSIGNOR in accordance with Section 2 of this Assignment shall be paid by ASSIGNEE.
- 3. <u>Enforceability</u>: ASSIGNEE agrees to do all things necessary to maintain the enforceability of the Patent, including timely payment of patent maintenance fees. All costs and expenses incurred by ASSIGNEE in accordance with Section 3 of this Assignment shall be paid by ASSIGNEE.

- 4. <u>License</u>: ASSIGNEE hereby grants to ASSIGNOR an irrevocable royalty-free exclusive world-wide right and license to use, sell, have sold, manufacture, have manufactured, license, sub-license, or otherwise have commercialized or commercialize the Patents in the field of devices for assisting child birth. ASSIGNEE agrees to cooperate and do all things necessary to assist the ASSIGNOR in any litigation relating to the enforcement of rights to the Patent.
- 5. Severability: The invalidity or unenforceability of any particular provision of this Assignment shall not affect any other provision of this Assignment, and this Assignment shall be construed in all respects as if such invalid or unenforceable provision were omitted.
- 6. <u>Governing Law</u>: This Assignment and any dispute that arises hereunder or relates hereto shall be governed by the laws of the State of Delaware without reference to its conflict of law principles.
- 7. <u>Complete Agreement</u>: This Assignment constitutes the complete agreement of the parties with respect to the subject matter hereof and there are no oral or written representations, understandings, or warranties between the parties except as expressly set forth herein. This Assignment cannot be modified except in a writing signed by both parties.
- 8. <u>Counterparts</u>: This Assignment may be executed in counterparts, which together shall constitute the complete Assignment.
- 9. <u>Successors in Interest</u>: The terms of this Assignment shall be binding on all permitted assignees and successors in interest to all or any part of the Patent without regard to whether such transfer occurs by merger with, acquisition by, the purchase of the stock of, or the purchase of the assets of ASSIGNEE.

[signatures begin on the next page]

IN WITNESS WHEREOF, the parties hereto have caused this Assignment to be executed by their duly authorized agents as of the dates set forth below.

ASSIGNOR:

Name: Matthew Yurek

Title: Inventor

STATE OF <u>CALIFORNIA</u>

) ss: COUNTY OF SAN DIEGO)

On this 17th day of MARCH , 2011, before me, a Notary Public in and for the State and County aforesaid, personally appeared Matthew Yurek, known by me to be the person of the above name and who signed and executed the foregoing instrument.

My commission expires: TUNE 18,2014

(NOTARIAL SEAL)

Notary Public - California San Diego County Comm. Expires June 18, 2014

[signatures continue on the next page]

ASSIGNEE:

By: _ Kwi Veelel

Kurt Vedder

President and CEO, Ouroboros Medical, Inc.

STATE OF CALIFOLNIA

) ss: Planeda

08/14/20

On this 25 day of 707 1 , 2011, before me, a Notary Public in and for the State and County aforesaid, personally appeared as Kurt Vedder, known by me to be the person of the above name and who signed and executed the foregoing instrument.

Notary Public

My commission expires:

(NOTARIAL SEAL)

SHILPA DHIR
COMM.# 1761731

COMM.# 1761731

MOTARY PUBLIC-CALIFORNIA

CONTRA COST, COUNTY

MY COMM. EXP. Aug. 16, 2011

SEE ATTACHED ACKNOWLEDGEMENT

APR 2 5 2011

County of ALANIEDA	
On APR 2 5 2011 before me, SHILPA personally appeared VIA Vedu	A DHIR, NOTARY PUBLIC
MINE Woods	(Here insert name and title of the officer)
personally appeared KUA Vedu	NEU,
the within instrument and acknowledged to me that	nce to be the person(s) whose name(s) is/are subscribed to he/she/they executed the same in his/her/their authorized in the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the is true and correct.	laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal. Signature of Notary Public	SHILPA DHIR COMM. # 1761731 NOTARY PUBLIC-CALIFORNIA CONTRA COS TO COUNTY MY COMM. EXP. AUG. 18, 2011
ADDITIONAL OPT	TIONAL INFORMATION
DESCRIPTION OF THE ATTACHED DOCUMENT POUR ATTACHED DOCUMENT (Title or description of attached document continued)	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as correct above in the natury section or a separate acknowledgment from must be document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long or the verbiage does not require the natury to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pages Document Date APR 2 5 2011 (Additional information)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of activated in the content of the conten
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they; is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a

PATENT REEL: 026274 FRAME: 0896

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document

State of California

THIS PATENT ASSIGNMENT (this "Assignment") is made effective as of the 15th day of February 2011 by and between Jerome Segal, an individual having an address of 888 Bestgate Road, Suite 211, Annapolis, Maryland, 21401 ("ASSIGNOR") and Ouroboros Medical, Inc, a corporation organized and existing under the laws of Delaware and having a principal place of business located at 5976 W. Las Positas Blvd, Suite 126, Pleasanton, California 94588 ("ASSIGNEE").

RECITALS:

WHEREAS, ASSIGNOR is the record owner of interest in U.S. Patent Application No. 12/316,789 and entitled "Mechanical Apparatus and Method for Delivering Materials into the Inter-Vertebral Body Space for Nucleus Replacement" (the "Patent"); and

WHEREAS, ASSIGNEE desires to acquire and commercialize the inventions claimed therein, ASSIGNEE accepts the transfer of all of ASSIGNOR'S right, title and interest in and to the Patent.

AGREEMENT:

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and pursuant to this Assignment, the parties agree as follows:

- 1. <u>Assignment</u>: ASSIGNOR does hereby assign and transfer to ASSIGNEE, its permitted successors, assigns and legal representatives, all ASSIGNOR'S right, title and interest in and to the Patent, including all claims for past infringement, and all rights to publish notices regarding ownership of the Patent. In the event that ASSIGNEE fails to exploit the inventions claimed in the Patents within five (5) years of the date of this Assignment, the entire rights, title and interest in and to the Patents and all other rights associated therewith assigned to ASSIGNEE herein shall revert back to ASSIGNOR.
- 2. <u>Cooperation</u>: ASSIGNOR further agrees to do all things necessary and to execute any and all powers of attorney, applications, assignments, declarations, affidavits, and any other papers in connection therewith to perfect such rights, title and interest in ASSIGNEE, its successors, assigns and legal representatives. ASSIGNOR agrees to cooperate with ASSIGNEE in any litigation relating to the enforcement of rights to the Patent. All costs and expenses incurred by ASSIGNOR in accordance with Section 2 of this Assignment shall be paid by ASSIGNEE.
- 3. <u>Enforceability</u>: ASSIGNEE agrees to do all things necessary to maintain the enforceability of the Patent, including timely payment of patent maintenance fees. All costs and expenses incurred by ASSIGNEE in accordance with Section 3 of this Assignment shall be paid by ASSIGNEE.

- 4. <u>License</u>: ASSIGNEE hereby grants to ASSIGNOR an irrevocable royalty-free exclusive world-wide right and license to use, sell, have sold, manufacture, have manufactured, license, sub-license, or otherwise have commercialized or commercialize the Patents in the field of devices for assisting child birth. ASSIGNEE agrees to cooperate and do all things necessary to assist the ASSIGNOR in any litigation relating to the enforcement of rights to the Patent.
- 5. <u>Severability</u>: The invalidity or unenforceability of any particular provision of this Assignment shall not affect any other provision of this Assignment, and this Assignment shall be construed in all respects as if such invalid or unenforceable provision were omitted.
- 6. <u>Governing Law</u>: This Assignment and any dispute that arises hereunder or relates hereto shall be governed by the laws of the State of Delaware without reference to its conflict of law principles.
- 7. <u>Complete Agreement</u>: This Assignment constitutes the complete agreement of the parties with respect to the subject matter hereof and there are no oral or written representations, understandings, or warranties between the parties except as expressly set forth herein. This Assignment cannot be modified except in a writing signed by both parties.
- 8. <u>Counterparts</u>: This Assignment may be executed in counterparts, which together shall constitute the complete Assignment.
- 9. <u>Successors in Interest</u>: The terms of this Assignment shall be binding on all permitted assignees and successors in interest to all or any part of the Patent without regard to whether such transfer occurs by merger with, acquisition by, the purchase of the stock of, or the purchase of the assets of ASSIGNEE.

[signatures begin on the next page]

IN WITNESS WHEREOF, the parties hereto have caused this Assignment to be executed by their duly authorized agents as of the dates set forth below.

ASSIGNOR:

Bv:

Name: Jerome Segal

Title: Inventor

STATE OF MARYLAND

) ss:

COUNTY OF ANNE Arundel

On this 21st day of Morch, 2011, before me, a Notary Public in and for the State and County aforesaid, personally appeared Jerome Segal, known by me to be the person of the above name and who signed and executed the foregoing instrument.

Notary Public

My commission expires: MAY 2 2012

(NOTARIAL SEAL)

DAMAE GARDNER
Motary Public
Ghartes Gounty
Maryland
Gommission Expires May 2, 2012

[signatures continue on the next page]

PATENT

ASSIGNEE:

By: Kur Veelee

Kurt Vedder

President and CEO, Ouroboros Medical, Inc.

STATE OF CALKORIA

COUNTY OF

On this day of , 2011, before me, a Notary Public in and for the State and County aforesaid, personally appeared as Kurt Vedder, known by me to be the person of the above name and who signed and executed the foregoing instrument.

Notary Public

My commission expires:

(NOTARIAL SEAL)

SHILPA DHIR
COMM. # 1761731
NOTARY PUBLIC CALIPARNIA
CONTA COSTI COUNTY
MY COMM. EXP. AUG. 16, 2011

SEE ATTACHED ACKNOWLEDGEMENT

APR 2 5 2011

State of California	
County of ALAMEDA	
OnAPR 25 2011 before me,SHILP.	A DHIR, NOTARY PUBLIC
abbal Funi	(Here insert name and title of the officer)
personally appeared KUH Vedde	<u> </u>
the within instrument and acknowledged to me that	ence to be the person(s) whose name(s) is/are subscribed to the he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the is true and correct. WITNESS my hand and official seal Signature of Notary Public	SHILPA DHIR COMM. # 1761731 NOTARY PUBLIC-CALIFORNIA CONTRA COST: COUNTY MY COMM. EXP. AUG. 16, 2011 (Notary Seal)
DESCRIPTION OF THE ATTACHED DOCUMENT Older TSignert (Title or description of attached document continued)	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pages Document DateAPR 2.5 2011 (Additional information)	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.

PATENT REEL: 026274 FRAME: 0901

· Securely attach this document to the signed document

THIS PATENT ASSIGNMENT (this "Assignment") is made effective as of the 15th day of February 2011 by and between Kabir Gambhir, an individual having an address of 4459 Ohio Street, San Diego, California, 92116 ("ASSIGNOR") and Ouroboros Medical, Inc, a corporation organized and existing under the laws of Delaware and having a principal place of business located at 5976 W. Las Positas Blvd, Suite 126, Pleasanton, California 94588 ("ASSIGNEE").

RECITALS:

WHEREAS, ASSIGNOR is the record owner of interest in U.S. Patent Application No. 12/316,789 and entitled "Mechanical Apparatus and Method for Delivering Materials into the Inter-Vertebral Body Space for Nucleus Replacement" (the "Patent"); and

WHEREAS, ASSIGNEE desires to acquire and commercialize the inventions claimed therein, ASSIGNEE accepts the transfer of all of ASSIGNOR'S right, title and interest in and to the Patent.

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- 2. <u>Cooperation</u>: ASSIGNOR further agrees to do all things necessary and to execute any and all powers of attorney, applications, assignments, declarations, affidavits, and any other papers in connection therewith to perfect such rights, title and interest in ASSIGNEE, its successors, assigns and legal representatives. ASSIGNOR agrees to cooperate with ASSIGNEE in any litigation relating to the enforcement of rights to the Patent. All costs and expenses incurred by ASSIGNOR in accordance with Section 2 of this Assignment shall be paid by ASSIGNEE.
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[signatures begin on the next page]

IN WITNESS WHEREOF, the parties hereto have caused this Assignment to be executed by their duly authorized agents as of the dates set forth below.

ASSIGNOR: By: Name: Kabir Gambhir Title: Inventor) ss: COUNTY OF SAN DIEGO On this 10 day of MARCH, 2011, before me, a Notary Public in and for the State and County aforesaid, personally appeared Kabir Gambhir, known by me to be the person of the above name and who signed and executed the foregoing instrument. My commission expires: 97.07.20

STATE OF CAM FORNIA

(NOTARIAL SEAL)



[signatures continue on the next page]

By: Kurt Vedder President and CEO, Ouroboros Medical, In	nc.
) ss:	
On this day of, 2011, before me, a Notary Public in and State and County aforesaid, personally appeared as Kurt Vedder, known by me to be the of the above name and who signed and executed the foregoing instrument.	d for the person
Notary Public	-
My commission expires:	
(NOTARIAL SEAL) SEE ATTACHI ACKNOWLEDGEI	E D

APR 2 5 2011

State of California	
County of ALAMEDA	
On APR 2 5 2011 before me, SHILE	PA DHIR, NOTARY PUBLIC
personally appeared KUH Vedd	(Here insert name and title of the officer)
the within instrument and acknowledged to me th	dence to be the person(s) whose name(s) is/are subscribed to at he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of t.
I certify under PENALTY OF PERJURY under the is true and correct.	e laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal. Signature of Notary Public	SHILPA DHIR COMM. # 1761731 MOTARY PUBLIC-CALIFORNIA CONTRA COSTA COUNTY MY COUM. EXP. Aug. 18, 2011
DESCRIPTION OF THE ATTACHED DOCUMENT Paton Assignment (Title or description of attached document continued) Number of Pages Document Date APR 25 26 (Additional information)	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required. 111 • State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. • Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. • The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). • Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they; is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

REEL: 026274 FRAME: 0906

THIS PATENT ASSIGNMENT (this "Assignment") is made effective as of the 15th day of February 2011 by and between Robert Huffman, an individual having an address of 12675 Fairbrook Road, San Diego, California, 92131 ("ASSIGNOR") and Ouroboros Medical, Inc, a corporation organized and existing under the laws of Delaware and having a principal place of business located at 5976 W. Las Positas Blvd, Suite 126, Pleasanton, California 94588 ("ASSIGNEE").

RECITALS:

WHEREAS, ASSIGNOR is the record owner of interest in U.S. Patent Application No. 12/316,789 and entitled "Mechanical Apparatus and Method for Delivering Materials into the Inter-Vertebral Body Space for Nucleus Replacement" (the "Patent"); and

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- 2. <u>Cooperation</u>: ASSIGNOR further agrees to do all things necessary and to execute any and all powers of attorney, applications, assignments, declarations, affidavits, and any other papers in connection therewith to perfect such rights, title and interest in ASSIGNEE, its successors, assigns and legal representatives. ASSIGNOR agrees to cooperate with ASSIGNEE in any litigation relating to the enforcement of rights to the Patent. All costs and expenses incurred by ASSIGNOR in accordance with Section 2 of this Assignment shall be paid by ASSIGNEE.
- 3. <u>Enforceability</u>: ASSIGNEE agrees to do all things necessary to maintain the enforceability of the Patent, including timely payment of patent maintenance fees. All costs and expenses incurred by ASSIGNEE in accordance with Section 3 of this Assignment shall be paid by ASSIGNEE.

- 4. <u>License</u>: ASSIGNEE hereby grants to ASSIGNOR an irrevocable royalty-free exclusive world-wide right and license to use, sell, have sold, manufacture, have manufactured, license, sub-license, or otherwise have commercialized or commercialize the Patents in the field of devices for assisting child birth. ASSIGNEE agrees to cooperate and do all things necessary to assist the ASSIGNOR in any litigation relating to the enforcement of rights to the Patent.
- 5. <u>Severability</u>: The invalidity or unenforceability of any particular provision of this Assignment shall not affect any other provision of this Assignment, and this Assignment shall be construed in all respects as if such invalid or unenforceable provision were omitted.
- 6. <u>Governing Law</u>: This Assignment and any dispute that arises hereunder or relates hereto shall be governed by the laws of the State of Delaware without reference to its conflict of law principles.
- 7. <u>Complete Agreement</u>: This Assignment constitutes the complete agreement of the parties with respect to the subject matter hereof and there are no oral or written representations, understandings, or warranties between the parties except as expressly set forth herein. This Assignment cannot be modified except in a writing signed by both parties.
- 8. <u>Counterparts</u>: This Assignment may be executed in counterparts, which together shall constitute the complete Assignment.
- 9. <u>Successors in Interest</u>: The terms of this Assignment shall be binding on all permitted assignees and successors in interest to all or any part of the Patent without regard to whether such transfer occurs by merger with, acquisition by, the purchase of the stock of, or the purchase of the assets of ASSIGNEE.

[signatures begin on the next page]

IN WITNESS WHEREOF, the parties hereto have caused this Assignment to be executed by their duly authorized agents as of the dates set forth below.

	ASSIGNOR:
	By: Robert Huffman Title: Inventor
STATE OF)) ss: COUNTY OF)
State and County aforesaid, persona	, 2011, before me, a Notary Public in and for the ally appeared Robert Huffman, known by me to be the person and executed the foregoing instrument.
	Pease Selattained downers
My commission expires:	·
(NOTARIAL SEAL)	

[signatures continue on the next page]

ACKNOWLEDGMENT State of California San Diego---County of ___ On March 8, 2011-----Marena Tufenkjian, Notary Public----before me, (insert name and title of the officer) Robert Huffman---personally appeared who proved to me on the basis of satisfactory evidence to be the person (s) whose name (s) (s) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(spon the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. MARENA TUFENKJIAN Commission # 1738021 Notary Public - California 📱 WITNESS my hand and official seal. San Diego County My Comm. Biplies May 8, 2011 (Seal)

ASSIGNEE:

By: Kunt Vecler

Kurt Vedder

President and CEO, Ouroboros Medical, Inc.

STATE OF COLIFORNICA

COUNTY OF

Notary Public

My commission expires:

08/16/2011

(NOTARIAL SEAL)

SHILPA DHIR
COMM. # 1761731
NOTARY PUBLIC-CALIFORNIA
CONTRA COSTY. COUNTY
MY COMM. EXP. AUG. 16, 2011

SEE ATTACHED ACKNOWLEDGEMENT

APR 2 5 2011

County of ALAMEDA	
OnAPR 2 5 2011before me,SHILPA personally appearedKUA_Vector	A DHIR, NOTARY PUBLIC (Here insert name and title of the officer) (Here insert name and title of the officer)
who proved to me on the basis of satisfactory evider the within instrument and acknowledged to me that	nce to be the person(s) whose name(s) is/are subscribed to he/she/they executed the same in his/her/their authorized in the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the listrue and correct. WITNESS my hand and official seal. Signature of Notary Public	aws of the State of California that the foregoing paragraph SHILPA DHIR COMM. # 1761731 NOTARY PUBLIC-CALIFORNIA CONTRA COST. COUNTY MY COUNT. EXP. AUG. 16, 2011
DESCRIPTION OF THE ATTACHED DOCUMENT POUT PSSIGNMENT (Title or description of attached document continued) Number of Pages Document Date APR 25 2011 (Additional information)	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exectly as a preserve above in the notany section on a separate acknowledgment form must be acknowledgment verbiage as may be printed on such a document se long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required. State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of networks.
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/theyr is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed rapacity is a local county clerk.

PATENT REEL: 026274 FRAME: 0912

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document

State of California

THIS PATENT ASSIGNMENT (this "Assignment") is made effective as of the 15th day of February 2011 by and between Kurt Vedder, an individual having an address of 3645 Dear Trail Drive, Danville, California, 94506 ("ASSIGNOR") and Ouroboros Medical, Inc, a corporation organized and existing under the laws of Delaware and having a principal place of business located at 5976 W. Las Positas Blvd, Suite 126, Pleasanton, California 94588 ("ASSIGNEE").

RECITALS:

WHEREAS, ASSIGNOR is the record owner of interest in U.S. Patent Application No. 12/316,789 and entitled "Mechanical Apparatus and Method for Delivering Materials into the Inter-Vertebral Body Space for Nucleus Replacement" (the "Patent"); and

WHEREAS, ASSIGNEE desires to acquire and commercialize the inventions claimed therein, ASSIGNEE accepts the transfer of all of ASSIGNOR'S right, title and interest in and to the Patent.

AGREEMENT:

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and pursuant to this Assignment, the parties agree as follows:

- 1. <u>Assignment</u>: ASSIGNOR does hereby assign and transfer to ASSIGNEE, its permitted successors, assigns and legal representatives, all ASSIGNOR'S right, title and interest in and to the Patent, including all claims for past infringement, and all rights to publish notices regarding ownership of the Patent. In the event that ASSIGNEE fails to exploit the inventions claimed in the Patents within five (5) years of the date of this Assignment, the entire rights, title and interest in and to the Patents and all other rights associated therewith assigned to ASSIGNEE herein shall revert back to ASSIGNOR.
- 2. <u>Cooperation</u>: ASSIGNOR further agrees to do all things necessary and to execute any and all powers of attorney, applications, assignments, declarations, affidavits, and any other papers in connection therewith to perfect such rights, title and interest in ASSIGNEE, its successors, assigns and legal representatives. ASSIGNOR agrees to cooperate with ASSIGNEE in any litigation relating to the enforcement of rights to the Patent. All costs and expenses incurred by ASSIGNOR in accordance with Section 2 of this Assignment shall be paid by ASSIGNEE.
- 3. <u>Enforceability</u>: ASSIGNEE agrees to do all things necessary to maintain the enforceability of the Patent, including timely payment of patent maintenance fees. All costs and expenses incurred by ASSIGNEE in accordance with Section 3 of this Assignment shall be paid by ASSIGNEE.

- 4. <u>License</u>: ASSIGNEE hereby grants to ASSIGNOR an irrevocable royalty-free exclusive world-wide right and license to use, sell, have sold, manufacture, have manufactured, license, sub-license, or otherwise have commercialized or commercialize the Patents in the field of devices for assisting child birth. ASSIGNEE agrees to cooperate and do all things necessary to assist the ASSIGNOR in any litigation relating to the enforcement of rights to the Patent.
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- 6. <u>Governing Law</u>: This Assignment and any dispute that arises hereunder or relates hereto shall be governed by the laws of the State of Delaware without reference to its conflict of law principles.
- 7. <u>Complete Agreement</u>: This Assignment constitutes the complete agreement of the parties with respect to the subject matter hereof and there are no oral or written representations, understandings, or warranties between the parties except as expressly set forth herein. This Assignment cannot be modified except in a writing signed by both parties.
- 8. <u>Counterparts</u>: This Assignment may be executed in counterparts, which together shall constitute the complete Assignment.
- 9. <u>Successors in Interest</u>: The terms of this Assignment shall be binding on all permitted assignees and successors in interest to all or any part of the Patent without regard to whether such transfer occurs by merger with, acquisition by, the purchase of the stock of, or the purchase of the assets of ASSIGNEE.

[signatures begin on the next page]

IN WITNESS WHEREOF, the parties hereto have caused this Assignment to be executed by their duly authorized agents as of the dates set forth below.

ASSIGNOR:

By: Kur Vedden
Name: Kurt Vedder
Title: Inventor
STATE OF CONFORMED,
) ss: COUNTY OF Alamegla
COUNTY OF HUMBER
On this 25day of, 2011, before me, a Notary Public in and for the
State and County aforesaid, personally appeared Kurt Vedder, known by me to be the person of
or the country are contained by the person of the person of

the above name and who signed and executed the foregoing instrument.

Notary Public

My commission expires:

(NOTARIAL SEAL)

SHILPA DHR
COMM. # 1761731
NOTARY PUBLIC-CALEFORNIA
CONTRA COS TA COUNTY
MY COMM. EXP. AUG. 18, 2011

SEE ATTACHED ACKNOWLEDGEMENT

[signatures continue on the next page]

APR 25 2011

ASSIGNEE:

By: Kr, Vedel

Kurt Vedder

President and CEO, Ouroboros Medical, Inc.

Alamoda

STATE OF California,

COUNTY OF

On this day of ______, 2011, before me, a Notary Public in and for the State and County aforesaid, personally appeared as Kurt Vedder, known by me to be the person of the above name and who signed and executed the foregoing instrument.

Notary Public

My commission expires:

(NOTARIAL SEAL)

SHILPA DHIR
COMM. # 1761731
MOTARY PUBLIC - CALIFORNIA
CONTRA COSTA COUNTY
MY COMM. EXP. AUG. 15, 2011

SEE ATTACHED ACKNOWLEDGEMENT

APR 25 2011

State of California	
County of ALAMEDA	
On before me, SHILP	A DHIR, NOTARY PUBLIC
personally appeared KUPT VC	ddei (Here insert name and title of the officer)
the within instrument and acknowledged to me that	ence to be the person(s) whose name(s) is/are subscribed to it he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the is true and correct.	e laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal. Signature of Notary Public	SHILPA DHIR COMM. # 1761731 IN NOTARY PUBLIC-CALIFORNIA IN CONTRA COST. COUNTY MY COMM. EXP. AUG. 16, 2011
DESCRIPTION OF THE ATTACHED DOCUMENT PASSION NEX	TIONAL INFORMATION INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain veriliage exactly as Locument is to be recorded outside of California, in such instances, any alternative committedgment verbiage at may be writted an estable adventment of love on the
(Fitle or description of attached document continued)	verivage does not require the notary to do something that is illegal for a notary to California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pages Document Date APR 2 5 2011 (Additional information)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s)	notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they-, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk.
☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other	 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.

State of California		
County of ALAMEDA		
On APR 25 2011 before me, SHILPA DHIR, NOTARY PUBLIC		
	(Here insert name and title of the officer)	
personally appeared KUH Ved	ger =	
the within instrument and acknowledged to me tha	ence to be the person(s) whose name(s) is/are subscribed to t he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of	
I certify under PENALTY OF PERJURY under the is true and correct.	laws of the State of California that the foregoing paragraph	
WITNESS my hand and official seal. Signature of Notary Jublic	SHILPA DHIR COMM. # 1761731 NOTATIVE PUBLIC-CALIFORNIA CONTRA COSTA COUNTY MY COMM. EXP. Aug. 19, 2011	
ADDITIONAL OP	TIONAL INFORMATION	
DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as The state of the rates and the sequence independent of the sequence of the	
ASSIGNEL	In such instances, any alternative of California. In such instances, any alternative school-leagurent perhiage as may be printed on such a ducument sectory or the verbiage does not require the natary to do something that is illegal for a notary to California (i.e. certifying the authorized capacity of the signer). Please check the	
(Title or description of a tached document continued)	document carefully for proper notarial wording and attach this form if required.	
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CAPACITY CLAIMED BY THE SIGNER	must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they; is/are) or circling the correct forms. Failure to correctly indicate this	
CAPACITY CLAIMED BY THE SIGNER □ Individual (s)	must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they; is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.	
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer	must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they-, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a	
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title)	must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible.	
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PATENT REEL: 026274 FRAME: 0918

corporate officer, indicate the title (i.e. CBO, CFO, Secretary).

· Securely attach this document to the signed document