PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	

CONVEYING PARTY DATA

Name	Execution Date
PIERRE G. SILVEIRA	05/09/2011
LUANA BEATRIZ PERTILE DEZANET	04/27/2011
LUCIANO ALMEIDA FLEURY CURADO	04/26/2011
THIAGO SEMAO PIRES	05/09/2011
DOUGLAS JOSE da SILVA	04/26/2011

RECEIVING PARTY DATA

Name:	SCITECH PRODUTOS MEDICOS LTDA		
Street Address:	RUA 52 n.220		
City:	Goias		
State/Country:	BRAZIL		
Postal Code:	74810-210		

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	13069184

CORRESPONDENCE DATA

Fax Number: (216)621-4072

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

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Address Line 4: CLEVELAND, OHIO 44114

	PATENT
NAME OF SUBMITTER:	GARY J. PITZER
ATTORNEY DOCKET NUMBER:	SCM-019732 US CIP1

REEL: 026379 FRAME: 0557

OP \$40,00 13069184

501552445 REEL: 0263

Total Attachments: 7

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> PATENT REEL: 026379 FRAME: 0558

RECORDATION FORM COVER SHEET DATENTEONIN

rain.	SCM-019732 US CIP 1			
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): PIERRE G. SILVEIRA LUANA BEATRIZ PERTILE DEZANET LUCIANO ALMEIDA FLEURY CURADO THIAGO SEMAO PIRES DOUGLAS JOSE da SILVA Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No	Name and address of receiving party(ies) Name: SCITECH PRODUTOS MEDICOS LTDA Internal Address:			
3. Nature of conveyance: Execution Date(s) 05/09/2011; 04/27/2011; 04/26/2011; 05/09/2011; 04/26/2011	Street Address: Rua 52 n.220 Jardim Goias			
	City: Golas State: Country: Brazil Zip: 74810-210 Additional name(s) & address(es) attached? ☐ Yes ⊠ No			
4. Application or patent number(s):	t is being filed together with a new application.			
A. Patent Application No.(s)	B. Patent No.(s)			
13/069,184 - Filed March 22, 2011				
Additional numbe	l rs attached?			
5. Name and address to whom correspondence concerning document should be mailed:	Total number of applications and patents involved: 1			
Name: GARY J. PITZER	7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00			
Internal Address: Tarolli, Sundheim, Covell & Tummino, L.L.P. Street Address: 1300 East Ninth Street Suite 1700				
City: Cleveland	☐ None required (government interest not affecting title)			
State: Ohio Zip: 44114-2518 Phone Number: (216) 621-2234 Fax Number: (216) 621-4072 Email Address: gpitzer@tarolli.com	8. Payment Information a. Credit Card Last 4 Numbers 1017 Expiration Date 01/2015 b. Deposit Account Number 20-0090			
9. Signature: Signature	Authorized User Name <u>Tarolli, Sundhelm, Covell & Tummino L.L.P.</u> Z JV Z ZV/ Date			
Gary J. Pitzer, Reg. No.: 39,334 Name of Person Signing	Total number of pages including cover sheet, attachments, and documents: 7			

ASSIGNMENT OF PATENT APPLICATION

I/We, the undersigned (each) have agreed and hereby agree to assign to SCITECH Produtos Medicos LTDA, having a place of business at Street Rua 52 n.220 Jardim Goias, Goias, BRAZIL 74810-210, and do hereby assign and transfer to SCITECH PRODUTOS MEDICOS LTDA, its successors and assigns, the entire right, title and interest, including the right of priority, in, to and under an application for Letters Patent of the United States entitled:

ENDOPROSTHESIS AND DELIVERY SYSTEM FOR DELIVERING THE ENDOPROSTHESIS WITHIN A VESSEL OF A PATIENT

Filing date: 13/069,184 Application No.: MARCH 22, 2011 and the invention(s) and improvement(s) set forth therein, and any and all continuations, continuations-in-part (C-I-P's), divisionals, and renewals of and substitutes for said application for said Letters Patent, and any and all Letters Patent of the United States and of countries foreign thereto which may be granted thereon or therefore; and any reissues, or reexaminations, or extensions of said Letters Patent.

I/we additionally authorize SCITECH PRODUTOS MEDICOS LTDA, to file applications in my/our name for Letters Patent in any country, to be held and enjoyed by SCITECH PRODUTOS MEDICOS LTDA, its successors, assigns, nominees or legal representatives, to the full end of the term or terms for which said Letters Patent respectively may be granted, reissued or extended, as fully and entirely as the same would have been held and enjoyed by me/us had this assignment, and transfer not been made;

AND I/we hereby covenant that I/we have full right to convey the entire interest herein assigned, and that I/we have not executed and will not execute any agreement in conflict herewith, and I/we further covenant and agree that I/we will, each time a request is made, and without undue delay, execute and deliver all such papers as may be necessary or desirable to perfect the title to said invention(s) or improvement(s), said application and said Letters Patent, to SCITECH PRODUTOS MEDICOS LTDA, its successors, assigns, nominees or legal representatives, and I/we agree to communicate to SCITECH PRODUTOS MEDICOS LTDA, or to its nominee, all known facts respecting said invention(s) or improvement(s), said application and said Letters Patent, to testify in any legal proceedings, to sign all lawful papers, to execute all disclaimers and divisionals, continuations, C-I-P's, reissue and foreign applications, to make all rightful oaths and declarations, and generally to do everything possible to aid SCITECH PRODUTOS MEDICOS LTDA, its successors, assigns, nominees and legal representatives to obtain and enforce, for its or their own benefit, proper patent protection for said invention(s) or improvement(s) in any and all countries provided reasonable expenses which may be incurred by me/us in lending such cooperation and assistance are paid by SCITECH PRODUTOS MEDICOS LTDA;

AND I/we hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any country or countries foreign to the United States whose duty it is to issue patents on applications as aforesaid, to issue to SCITECH PRODUTOS MEDICOS LTDA, as assignee of the entire right, title and interest, any and all Letters Patent for said invention(s) or improvement(s), including any and all Letters Patent of the United States which may be issued and granted on or as a result of the application aforesaid, in accordance with the terms of this assignment.

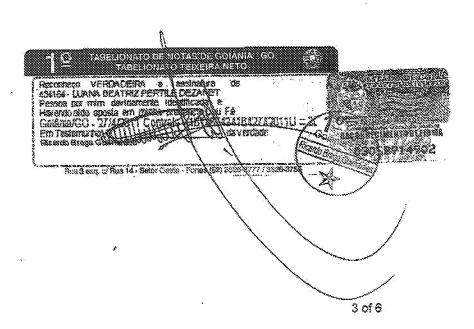
1 of 6

IN WITNESS WHEREOF, I/We hereunto set	my/our hand(s) and se: I(s):
Signed at <u>FLORIANTE</u> BOL	S Coulots of CO Las Volumes
State of SAUVA (ATAKNA) H	is Orday of WAY 2011
	PIERRE G-SILVERA
STATE OF	\
COUNTY OF	
On this day of	20 per onally appeared before me
and the mount of the be	son named in and who executed the above instrument, same for the uses and he purposes therein mentioned.
	Notary Public
PORTO DESCRIPTION DE LA ORIGINA DE SOUZA SALLES - TABELIA - RECONHECIMENTO. Nº: 031820 - RECONHECIMENTO. Nº: 031820 - RECONHECIMENTO. Nº: 031820 - RECONHECIMENTO. Nº: 031820 - RECONHECIMENTO. Nº: 031820 - RECONHECIMENTO. Nº: 031820 - FIOTIZACIÓN SILVERA FIOTIZACIÓN SILVERA EMITEN. L.	

2 of 6

IN WITNESS WHEREOF, I/We hereunto set my/our hand(s) and seal(s):

Signed at	Goiánia	County of	and
State of <u>Gold</u>	λ ^V	this 27 day of opuil	, 20 <u>1/</u>
9	10 Tab. 1	Duoyo Budu) LUANA BEATRIZ PER	Piche Organita
		<i>y</i> • • • • • • • • • • • • • • • • • • •	
STATE OF)		
COUNTY OF	,		<u>.</u>
Candida Desjardins		personal personal person named in and who exert the same for the uses and the	
%4. W		Notary Public	



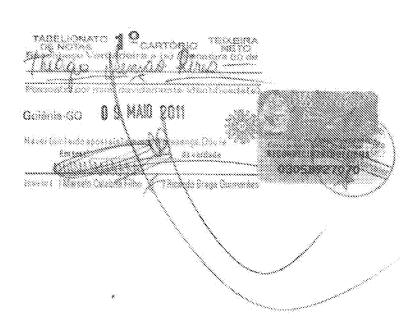
PATENT REEL: 026379 FRAME: 0562

IN WITNESS WHEREOF, I/We hereunto set my/our hand(s) and seal(s):

Signed at <u>Sit Sitted</u>	County of GOTATand
State of GOLAS	_ this <u>24_</u> day of <u></u>
	LUCIANO ALMEIDA FLEURY CURADO
STATE OF	
COUNTY OF	
	2011 personally appeared before me person named in and who executed the above instrument the same for the uses and the purposes therein mentioned
	Notary Public

IN WITNESS WHEREOF, IWe hereunto set my/our hand(s) and sest(s):

Signed at Calabara	County of	and
State of	this <u>//_day</u> of	20
:	THIÂGQ SEMAO PIRES	
STATE OF		
COUNTY OF		
	Notary Public	



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IN WITNESS WHEREOF, I/We hereunto set my/our hand(s) and seal(s):

Signed at <u>Colûx</u>	Lia		County of	***********	3774
State of <u>60.45</u>		. ****	_day of		
STATE OF COUNTY OF					
On this <u>26</u> day of Candida Desjardins to me knade acknowledged to me that	own to be the	person r	iamed in ar		
			lotary Publ		
		San John Control of the Control of t			

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PATENT REEL: 026379 FRAME: 0565