

## PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Timothy A.M. Chuter	02/01/2012
RECEIVING PARTY DATA	
Name:	Cook Medical Technologies LLC
Street Address:	750 N. Daniels Way
City:	Bloomington
State/Country:	INDIANA
Postal Code:	47404
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	13335142
CORRESPONDENCE DATA	
Fax Number:	(312)321-4299
Phone:	312-321-4200
Email:	usassignments@brinkshofer.com, msantucci@brinkshofer.com
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Correspondent Name:	Douglas A. Oguss
Address Line 1:	P.O. Box 10395
Address Line 4:	Chicago, ILLINOIS 60610
ATTORNEY DOCKET NUMBER:	12730/720
NAME OF SUBMITTER:	Douglas A. Oguss
Total Attachments: 4 source=ChutertoCMT#page1.tif source=ChutertoCMT#page2.tif source=ChutertoCMT#page3.tif source=ChutertoCMT#page4.tif	

CH \$40.00 13335142

PATENT

**ASSIGNMENT AND AGREEMENT**

WHEREAS, I, Timothy A.M. Chuter, residing at 875 Castro Street, San Francisco, CA 94114 (the "Inventor(s)"), have invented a certain invention or inventions related to "LOW PROFILE NON-SYMMETRICAL STENTS AND STENT-GRAFTS" and being described in U.S. Nonprovisional Application No. 13/335,142, filed on December 22, 2011; PCT Application No. \_\_\_\_\_, filed on \_\_\_\_\_; and any and all applications claiming the benefit thereof including the right of priority (the "Invention" or "Inventions"). (I/We hereby consent to the patent attorney entering the serial numbers and filing dates when they become known.)

WHEREAS, the Inventor(s) acknowledges that any of my/our right, title, or interest in the Invention or Inventions aforementioned vest in **Cook Medical Technologies LLC**, a corporation of the State of Indiana having an office at 750 N. Daniels Way, Bloomington, IN 47404, U.S.A. ("Assignee"), by virtue of employment or otherwise.

WHEREAS, to the extent that any of my/our right, title, or interest in the Invention or Inventions has not been transferred or assigned to Assignee by virtue of employment or otherwise, Inventor(s) desires to assign to Assignee all of my/our right, title, and interest in, to, or under the Invention or Inventions, and Assignee desires to accept such an assignment.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged:

Inventor(s) hereby sells, assigns and transfers and does hereby confirm any previous contribution, assignment, and transfer, unto Assignee and its successors, assigns, and legal representatives all of my/our right, title and interest in the Invention or Inventions, all of my/our right, title, and interest in the Invention or Inventions being in the United States of America and all other countries and states of the world, and all the rights and privileges in said application and under any and all Letters Patent or any continuation, division, renewal, or substitute thereof, and any reissue or re-examination thereof that may be granted in the United States and in any country or state of the world for the Invention or Inventions (including, without limitation, all proceeds thereof and the rights to sue for past, present and future infringements). I/We sell, assign, and transfer all of my/our right, title and interest in the Invention or Inventions as of the day of signature or of filing of the first filed patent application for the Invention or Inventions, whichever is the earlier.


The Inventor(s) authorizes Assignee to make application for such protection in its own name and maintain such protection in any and all countries foreign to the United States, and to invoke and claim for any application for patent or other form of protection for the Invention or Inventions, without further authorization from me/us, any and all benefits, including the right of priority provided by any and all treaties, conventions, or agreements.

The Inventor(s) hereby consents that a copy of this assignment shall be deemed a full legal and formal equivalent of any document that may be required in

any country in proof of the right of Assignee to apply for patent or other form of protection for the Invention or Inventions and to claim the aforesaid benefit of the right of priority.


The Inventor(s) requests that any and all patents for the Invention or Inventions be issued to Assignee in the United States and in all countries foreign to the United States, or to such nominees as Assignee may designate.

The Inventor(s) agrees that, when requested, I/we shall, without charge to Assignee, but at their expense, sign all papers, take all rightful oaths, and do all acts that may be necessary, desirable or convenient in connection with said applications, patents, or other forms of protection for the Invention or Inventions.

Dated: 2/1/12  Timothy A.M. Chuter

State of Indiana )  
 ) ss:  
County of Monroe )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2012, before me personally came Timothy A.M. Chuter, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

See Attached Notary Certificate  
Notary Public   
RLM  
2/1/12

My Commission Expires: 10/18/13

State of Indiana CA )

STATE OF California  
COUNTY OF San Francisco

On February 1, 2012, before me Ruth L. Moffatt the undersigned,  
a Notary Public in and for said State, personally appeared Timothy A.M. Chuter  
who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the  
within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized  
capacity(~~ties~~) and that his/~~her~~/their signature(~~s~~) on the instrument the person, or the entity on behalf of  
which the person 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.

WITNESS my hand and official seal

SIGNATURE: Ruth L. Moffatt



OPTIONAL INFORMATION

The information below is optional. However, it may prove valuable and could prevent fraudulent  
attachment of this form to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)      DESCRIPTION OF ATTACHED DOCUMENT

☒ individual  
☐ corporate officer

Assignment & Agreement  
Title or Type of Document

\_\_\_\_\_  
Title(s)

\_\_\_\_\_  
Number of Pages

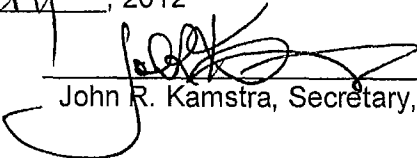
☐ partner(s)  
☐ attorney-in-fact  
☐ trustee  
☐ guardian conservator  
☐ subscribing witness  
☐ other

\_\_\_\_\_  
Date of Document 2/1/12

\_\_\_\_\_  
Signer's Identification

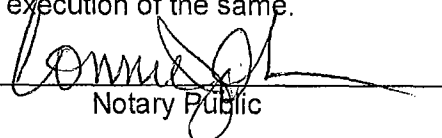
\_\_\_\_\_  
Right Thumbprint  
Of  
Signer

Signed for and on behalf of  
COOK MEDICAL TECHNOLOGIES LLC  
This 6 day of February, 2012

  
\_\_\_\_\_  
John R. Kamstra, Secretary, Treasurer

State of Indiana       )  
                                  ) ss:  
County of Monroe     )

On this 6 day of February, 2012, before me personally came  
John R. Kamstra, to me known to be the individual described in and who executed  
the foregoing instrument, and acknowledged execution of the same.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: 6-4-17

Connie Johnson  
Notary Public  
**Seal**  
County of Monroe  
My Comm. Exp. 6/4/17  
State of Indiana