


Substitute Form PTO-1595
 Attorney Docket No.: 20240-0010002
 Client's Ref. No.: RMD-INVD-5-II-CON

RECORDATION FORM COVER SHEET PATENTS ONLY

Commissioner for Patents: Please record the attached original document(s) or copy(ies).	
1. Name of conveying party(ies): Doron Harlev and Rotem Eldar Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Rhythmia Medical, Inc. 111 S. Bedford Street Suite 205 Burlington, MA 01803 Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: 11/19/2008	
4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: 02/09/2012 A. Patent Application No(s): 13/369,787 B. Patent No(s): Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name/address of party to whom correspondence concerning document should be mailed: TONYA S. DRAKE Fish & Richardson P.C. One Marina Park Drive Boston, Massachusetts 02210-1878	6. Total number of applications/patents involved: 1 7. Total fee (37 CFR §3.41): \$40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to charge Deposit Account. 8. Deposit Account No.: 06-1050 Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050.
DO NOT USE THIS SPACE	
9. Statement and Signature: <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>	
Tonya S. Drake Reg. No. 57,861 Name of Person Signing	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> 2/16/12 Date </div> </div>
Total number of pages including coversheet, attachments and document: 5	

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CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Trademark Office on the date indicated below.

2/16/12  KRISTA A. HOLMQUIST
 Date of Transmission Signature Typed Name of Person Signing Certificate

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Attorney Docket No.: 20240-0010001 RMD-INVD-5 - II

ASSIGNMENT

For valuable consideration, we, Doron Harley, of 50 Follen Street, Apt. 511, Cambridge, MA 02138; and Rotem Eldar, of 1000 Memorial Drive, Apt. 2, Cambridge, MA 02138; hereby assign to RHYTHMIA MEDICAL, INC., a corporation of Delaware, having a place of business at 111 S. Bedford Street, Suite 205, Burlington, MA 01803, and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by us, entitled TRACKING SYSTEM USING FIELD MAPPING, filed October 27, 2008, and assigned U.S. Serial Number 12/258,677, this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

Attorney Docket No.: 20240-0010001 RMD-INV-D-5 - II

DATE: 11.19.08
DORON HARLEVSTATE OF Massachusetts
COUNTY OF Middlesex) SS.

On NOV. 19 2008, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared DORON HARLEV personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.


Notary Public

Francis Daniel O'Keefe
Notary Public, Massachusetts
My Commission Expires Oct. 13, 2011

Attorney Docket No.: 20240-0010001 RMD-INVD-5 - II

DATE: 11/19/08

Rotem Eldar
ROTEM ELDAR

STATE OF Massachusetts)
COUNTY OF Middlesex) SS.

On NOV 19 2008, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared ROTEM ELDAR personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Francis Daniel O'Keefe
Notary Public

Francis Daniel O'Keefe
Notary Public, Massachusetts
My Commission Expires Oct. 13, 2011

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