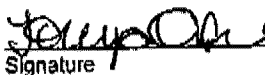


Substitute Form PTO-1595
Attorney Docket No.: 04644-0335001**RECORDATION FORM COVER SHEET
PATENTS ONLY**

Commissioner for Patents: Please record the attached original document(s) or copy(ies).	
1. Name of conveying party(ies): Ziad F. Elghazzawi Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): ZOLL Medical Corporation 269 Mill Road Chelmsford, Massachusetts 01824 United States of America 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: 07/26/2012	
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: A. Patent Application No(s): 13/558,957 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: PTO Customer Number: 26213 Fish & Richardson P.C.	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  Signature <u>July 26, 2012</u> Date Total number of pages including coversheet, attachments and document: 2	

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22886393.doc

Attorney Docket No.: 04644-0335001

ASSIGNMENT

For valuable consideration, I, Ziad F. Elghazzawi, of 115 Sheridan Street, Newton, MA 02465; hereby assign to ZOLL MEDICAL CORPORATION, a corporation of Massachusetts, having a place of business at 269 Mill Road, Chelmsford, Massachusetts 01824, 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 me, entitled MEDICAL EQUIPMENT SERVICING, filed July 26, 2012, and assigned U.S. Serial Number 13/558,957, and I authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; 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 I authorize the Assignee to apply in all countries in my 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 I agree for me and my 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.

DATE: 7/26/12Ziad F. Elghazzawi
ZIAD F. ELGHAZZAWISTATE OF Massachusetts
COUNTY OF Middlesex) SS.

On July 26, 2012, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared ZIAD F. ELGHAZZAWI 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.

Helen D. Leary
Notary Public

Assignment Page 1 of 1