

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT														
NATURE OF CONVEYANCE:	ASSIGNMENT														
CONVEYING PARTY DATA															
<table border="1"> <thead> <tr> <th>Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>Wondimeneh Tesfayesus</td> <td>10/18/2012</td> </tr> <tr> <td>John Beck</td> <td>10/18/2012</td> </tr> <tr> <td>Thomas Hoegh</td> <td>10/19/2012</td> </tr> <tr> <td>Robert Atkinson</td> <td>10/22/2012</td> </tr> <tr> <td>Sidney Hauschild</td> <td>10/16/2012</td> </tr> <tr> <td>Stephen Bolea</td> <td>10/15/2012</td> </tr> </tbody> </table>		Name	Execution Date	Wondimeneh Tesfayesus	10/18/2012	John Beck	10/18/2012	Thomas Hoegh	10/19/2012	Robert Atkinson	10/22/2012	Sidney Hauschild	10/16/2012	Stephen Bolea	10/15/2012
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RECEIVING PARTY DATA															
<table border="1"> <tr> <td>Name:</td> <td>Apnex Medical, Inc.</td> </tr> <tr> <td>Street Address:</td> <td>2890 Centre Pointe Drive</td> </tr> <tr> <td>City:</td> <td>St. Paul</td> </tr> <tr> <td>State/Country:</td> <td>MINNESOTA</td> </tr> <tr> <td>Postal Code:</td> <td>55113</td> </tr> </table>		Name:	Apnex Medical, Inc.	Street Address:	2890 Centre Pointe Drive	City:	St. Paul	State/Country:	MINNESOTA	Postal Code:	55113				
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CORRESPONDENCE DATA															
<p>Fax Number: 2024505538 <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 2028083550 Email: dlawson@bookoffmcandrews.com</p> <p>Correspondent Name: Bookoff McAndrews, PLLC Address Line 1: 2401 Pennsylvania Avenue Address Line 2: Suite 450 Address Line 4: Washington, DISTRICT OF COLUMBIA 20037</p>															
ATTORNEY DOCKET NUMBER:	10519.0015-00000														

OP \$40.00 13633670

NAME OF SUBMITTER:

Dinesh Melwani

Total Attachments: 2


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County of _____


State of _____

County of Ramsey
State of Minnesota



County of Ramsey
State of Minnesota

Name: Robert ATKINSON
ss. Address: 2679 Riviera Drive S.
White Bear Lake, MN 55110
By: *[Signature]*
Date: 10/22/12

 **NONIE L. TANNER**
Notary Public
Minnesota
My Comm. Expires
Jan 31, 2013

County of _____

State of _____

Name: Sidney HAUSCHILD
ss. Address: 294 Spring Street 8723 Grospoint Ave
St. Paul, MN 55102. Cottage Grove MN
By: [Signature] 55016
Date: 10/16/2012