Mail Stop: Assignment Recordation Services Director of the U.S. Patent and Trademark Office P.O. Box 1430 Alexandria, VA 22313-1450  RECORDATION FORM COVER SHEET PATENTS ONLY  RECORDATION FORM COVER SHEET BY AFENTS ONLY  Attorney Docket No. 156776  Attorney Docket No. 156776  Attorney Docket No. 156776  Pleuse record the attached document.  Total number of pages including cover sheet, attachments, and document: 2  1. A. Name of conveying parry: [1] Takehiro TSUJITA B. Additional name(s) of conveying parry(ies) attached?    Ves											
Please record the attached document.  Total number of pages including cover sheet, attachments, and document: 2  1. A. Name of conveying party: [1] Takehiro TSUJITA  B. Additional name(s) of conveying party(tes) attached?    Ves  \Bo No	Assi Dire	ignment Recordation Services RECORD. extor of the U.S. Patent and Trademark Office									
Total number of pages including cover sheet, attachments, and document: 2  1. A. Name of conveying party: [1] Takehiro TSUJITA  B. Additional name(s) of conveying party(ies) attached?    Yes   No	Ale	xandria, VA 22313-1450		Attor	rney Docket No.	<u>156776</u>					
1. A. Name of conveying party: [1] Takehiro TSUJITA  B. Additional name(s) of conveying party(ies) attached? □ Yes ⋈ No  2. A. Name and address of receiving party: HITACHI MEDICAL CORPORATION 4-14-1, SOTOKANDA, CHIYODA-KU, TOKYO, JAPAN  3. A. Nature of conveyance: □ Assignment □ Merger □ Security Agreement □ Change of Name □ Other □ B. Execution Date: April 1, 2013  4. A. Patent Application: ULTRASONIC DIAGNOSTIC APPARATUS AND ULTRASONIC IMAGE DISPLAY METHOD  5. Name and address of party to whom correspondence concerning document should be matied: Name: Iames A. Oliff □ Yes □ No  C. Title of Application: ULTRASONIC DIAGNOSTIC APPARATUS AND ULTRASONIC IMAGE DISPLAY METHOD  5. Name and address of party to whom correspondence concerning document should be matied: Name: Iames A. Oliff □ Yes □ No  C. Title of Applications und patents involved: 1  7. Please charge Deposit Account No. 15-0461 the total fee (37 CFR 3.41) in the amount of \$40.00.  Address: OLUFE & BERRIDGE, PLC P.O. Box 320850 Alexandria, VA 22329-4850 Phane Number: 703-836-6400 Fax Number: 703-836-6400 Fax Number: 703-836-2787   9. Statement and signature. 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.  Junes A. Oliff Registration No. 27,075	Please record the attached document.										
[1] Takehiro TSUJITA  B. Additional name(s) of conveying party(tes) attached?  □ Ves ⋈ No  S. A. Nature of conveyance:  ⋈ Assignment □ Merger  □ Security Agreement □ Change of Name  □ Other □  B. Execution Date: April 1, 2013  4. A. Patent Application: ULTRASONIC DIAGNOSTIC APPARATUS AND ULTRASONIC IMAGE DISPLAY METHOD  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: James A. Oliff  Address: OLIFF & BERRIDGE, PLC P.O. Box 320850 Alexandria, VA 22320-4850 Phone Number: 703-836-2787  9. Statement and signature.  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.  James A. Oliff Registration No. 27,075	Total number of pages including cover sheet, attachments, and document: 2										
Security Agreement	que ,	[1] Takehiro TSUJITA  B. Additional name(s) of conveying party(ies) a	artached?	HITAC 4-14-1,	HI MEDICA CORPORAT SOTOKANI	IL ION DA,					
Additional numbers attached?	3.		Name	B. Additional	• •	` *					
C. Title of Application:  ULTRASONIC DIAGNOSTIC APPARATUS AND ULTRASONIC  IMAGE DISPLAY METHOD  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: James A. Oliff  7. Please charge Deposit Account No. 15-0461 the total fee (37 CFR 3.41) in the amount of \$40.00.  Address: OLIFF & BERRIDGE, PLC P.O. Box 320850 Alexandria, VA 22320-4850 Phone Number: 703-836-6400 Fax Number: 703-836-6787   9. Statement and signature.  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.  James A. Oliff Registration No. 27,075  Date: April 12, 2013	4.	A. Patent Application No. <u>13/879,062</u>		B. Patent No							
5. Name and address of party to whom correspondence concerning document should be mailed:  Name: James A. Oliff  Name: James A. Oliff  OLIFF & BERRIDGE, PLC P.O. Box 320850 Alexandria, VA 22320-4850 Phone Number: 703-836-6400 Fax Number: 703-836-2787  9. Statement and signature. 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.  James A. Oliff Registration No. 27,075  Date: April 12, 2013  Date: April 12, 2013		Additional numbers attached?   Yes   No									
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	9.	To the best of my knowledge and belief, the foregoing original document.  James A. Oliff Registration No. 27,075	ng information is			v is a true copy of the					

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## ASSIGNMENT

	Insert	(1)	Takehiro TSUJITA	(2)				
(1-6)	Legal Namc(s)	(3)	***	(4)				
	of Inventor(5)	(5)		(6)				
		(7)		(8)		~~~~~		
		the und	ideration of the sum of one dollar ( ersigned, the receipt and sufficienc and hereby does assign, transfer an	y of which are hereby	and valuable considerati acknowledged, each und	on paid to each of craigned agrees to		
(9)	Insert Name of Assignee	(9)	HITACHI MEDICAL CORPORA	LTION				
(10)	Insert Address of Assignee	(10)	4-14-1, Sotokanda, Chiyoda-ku,	Tokyo, Japan				
	,	the ent inventi continu	(hereinafter designated as the Assignee) and Assignee's heirs, successors, assigns and legal representatives, the entire right, title and interest for the United States of America as defined in 35 U.S.C. §100, in the invention, and in all applications for patent including any and all provisional, non-provisional, divisional, continuation, international, substitute and reissue application(s), and all Letters Patent, extensions, reissues and reexamination certificates that may be granted on the invention known as					
(11)	Insert Identification	(11)	ULTRASONIC DIAGNOSTIC	PPARATUS AND				
·	such as Title, Case Number, or Foreign		ULTRASONIC IMAGE DISPLA					
	Application Number	(Attori	ney Docket No.	), filed or	n oven date horowith or	58		
(12)	Alternative	(12)	U.S. Application Number 13/8	379,062				
	Identification for filed applications	filed	April 12, 2013					
declared and goint claims or resulting entire intities assignment of the control	to separate assignments in c 2) Each undersigned agree concerning any application g forward with such interfer 3) Each undersigned agree r provisions of the laternath 4) Each undersigned agree pation a grant of a valid Unit 5) Each undersigned authority and agree and application(s) to terest herein assigned, and i grant is binding on Assign 6) Each undersigned herei ation that may be necessary ion of this document.	connection ces to excent or patent rence or pres to execut onal Converted States orizes and the said A that he or and As by grants to or desirab	ite all papers and documents and p ention for Protection of Industrial rm all affirmative acts which may	as the Assignee may ion with the Assignee in- critoms any act which Property or similar ag be necessary to obtain U.S. Patent and Traditatest, and ocvenant executs, any agreement and legal representation the power to insert as of the United States ostte the undersignee.	deem necessary.  nee or post-grant procee every way possible in of may be necessary in con- prements.  In, maintain or confirm be mark Office to issue an te that he or she has full ni(s) in conflict herewith ves.  I on this assignment any Patent and Trademark I  d name(s).	ding which may be staining evidence meetion with y reissue or y and all patents right to convey the and agrees that further Office for		
Date	April 1, 2	20/3	Inventor Signature	<u>lakehino</u>	Tsujita	(SEAL)		
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neither,	This assignment should pro	eferably be	vizned before: (a) a Notory Public	n le within the Dis A	Able 118 Concul if out	(SEAL)		
	then it should be signed bet	ore at leas	t two witnesses who also sign here	·*		side the U.S.A, If		
Date .	April /,		t two witnesses who also sign here	·*	Sarahan	side the U.S.A, If		

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