

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT2683375

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT										
NATURE OF CONVEYANCE:	Corrective Assignment to correct the NAME OF THE ASSIGNEE SHOULD BE "FRESENIUS MEDICAL CARE HOLDINGS, INC." NOT "FRESENLUS MEDICAL HOLDINGS, INC." previously recorded on Reel 022296 Frame 0158. Assignor(s) hereby confirms the NAME OF THE ASSIGNEE SHOULD BE "FRESENIUS MEDICAL CARE HOLDINGS, INC." NOT "FRESENLUS MEDICAL HOLDINGS, INC."										
CONVEYING PARTY DATA											
<table border="1"> <thead> <tr> <th>Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>COLIN WEAVER</td> <td>02/11/2009</td> </tr> <tr> <td>MARTIN JOSEPH CRNKOVICH</td> <td>02/12/2009</td> </tr> <tr> <td>MICHAEL EMMANUEL KOTSOS</td> <td>02/11/2009</td> </tr> <tr> <td>JOHN MARION FRAZER</td> <td>02/11/2009</td> </tr> </tbody> </table>		Name	Execution Date	COLIN WEAVER	02/11/2009	MARTIN JOSEPH CRNKOVICH	02/12/2009	MICHAEL EMMANUEL KOTSOS	02/11/2009	JOHN MARION FRAZER	02/11/2009
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JOHN MARION FRAZER	02/11/2009										
RECEIVING PARTY DATA											
<table border="1"> <tr> <td>Name:</td> <td>Fresenius Medical Care Holdings, Inc.</td> </tr> <tr> <td>Street Address:</td> <td>920 Winter St.</td> </tr> <tr> <td>City:</td> <td>Waltham</td> </tr> <tr> <td>State/Country:</td> <td>MASSACHUSETTS</td> </tr> <tr> <td>Postal Code:</td> <td>02451-1457</td> </tr> </table>		Name:	Fresenius Medical Care Holdings, Inc.	Street Address:	920 Winter St.	City:	Waltham	State/Country:	MASSACHUSETTS	Postal Code:	02451-1457
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PROPERTY NUMBERS Total: 1											
<table border="1"> <thead> <tr> <th>Property Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Application Number:</td> <td>12388003</td> </tr> </tbody> </table>		Property Type	Number	Application Number:	12388003						
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Application Number:	12388003										
CORRESPONDENCE DATA											
Fax Number:	(877)769-7945										
Phone:	(617) 956-5911										
Email:	apsi@fr.com										
<i>Correspondence will be sent via US Mail when the email attempt is unsuccessful.</i>											
Correspondent Name:	NATALIE K. GALLEY										
Address Line 1:	FISH & RICHARDSON P.C.										
Address Line 2:	P.O.BOX 1022										
Address Line 4:	MINNEAPOLIS, MINNESOTA 55440-1022										

ATTORNEY DOCKET NUMBER:	18196-0093001
NAME OF SUBMITTER:	MATTHEW G. DOHERTY
Signature:	/Matthew G. Doherty/
Date:	01/15/2014

Total Attachments: 11


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02/23/2009
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Substitute Form PTO-1595
Attorney Docket No.: 18196-0093001
Client's Ref. No.: N07/11 and N07/12

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): Colin Weaver, Martin Joseph Crnkovich, Michael Emmanuel Kotsos and John Marlon Frazer Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Fresenius Medical Care Holdings, Inc. 920 Winter Street Waltham, MA 02451-1457 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: Colin Weaver 2/11/2009; Martin Joseph Crnkovich 2/12/2009; Michael Emmanuel Kotsos 2/11/2009; John Marlon Frazer 2/11/2009	
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): 12/388,003 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: TIMOTHY M. BRYAN Fish & Richardson P.C. 225 Franklin Street Boston, MA 02110	6. Total number of applications/patents involved: 1 7. Total fee (37 CFR §9.41): \$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> Timothy M. Bryan Reg. No. 62,791 Name of Person Signing _____  Signature _____ Date _____ Total number of pages including coversheet, attachments and document: _____	

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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.

February 23, 2009 _____
 Date of Transmission Signature

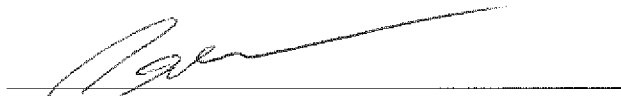
 Digne M. Siquero
 Typed Name of Person Signing Certificate

FORM 340 (06-1950) 12385003

ASSIGNMENT

For valuable consideration, we, Colin Weaver, of 680 Neal Street, Pleasanton, CA 94566; Martin Joseph Crnkovich, of 3436 Cassena Driven, Walnut Creek, CA 94598; Michael Emmanuel Kotsos, of 668 Banyan Lane, Walnut Creek, CA. 94598; and John Marion Frazer, of 1691 Westwood Drive, Concord, CA 94521; hereby assign to FRESENIUS MEDICAL CARE HOLDINGS, INC., a corporation of New York, having a place of business at 920 Winter St., Waltham, MA 02451-1457, 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 EXTRACORPOREAL FLUID CIRCUIT AND RELATED COMPONENTS, filed February 18, 2009, and assigned U.S. Serial Number 12/388,003, and we 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 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.

DATE: 2/11/2009


COLIN WEAVER

State of California)
County of _____)

On _____ before me, personally appeared COLIN WEAVER, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) 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 _____ (Seal)

ACKNOWLEDGMENT

State of California
County of Contra Costa

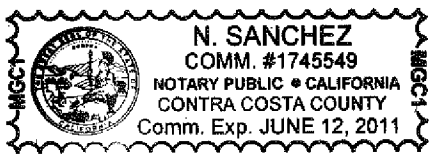
On Feb 11, 2009 before me, N. Sanchez, Notary Public
(insert name and title of the officer)

personally appeared Colin Weaver
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) 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 N. Sanchez (Seal)



DATE: 2/12/2009

Martin Joseph Crnkovich
Martin J Crnkovich
MARTIN JOSEPH CRNKOVICH

MASSACHUSETTS
State of ~~California~~)
County of MIDDLESEX }

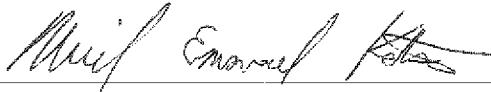
On FEBRUARY 12, 2009 before me, personally appeared MARTIN JOSEPH CRNKOVICH, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of ^{MASSACHUSETTS}~~California~~ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Carol Ann Cunio (Seal)

DATE: 2/11/2009


MICHAEL EMMANUEL KOTSOS

State of California)
County of _____)

On _____ before me, personally appeared MICHAEL EMMANUEL KOTSOS, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

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WITNESS my hand and official seal.

Signature _____ (Seal)

ACKNOWLEDGMENT

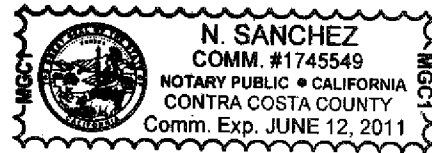
State of California
County of Contra Costa

On Feb 11, 2009 before me, N. Sanchez, Notary Public
(insert name and title of the officer)

personally appeared Michael Emmanuel Kotsos,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
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paragraph is true and correct.

WITNESS my hand and official seal.



Signature N. Sanchez (Seal)

DATE: Feb. 11, 2009

John Marion Frazer
JOHN MARION FRAZER

State of California)
County of _____)

On _____ before me, personally appeared JOHN MARION FRAZER, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) 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 _____ (Seal)

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ACKNOWLEDGMENT

State of California
County of Contra Costa

On Feb 11, 2009 before me, N. Sanchez, Notary Public
(insert name and title of the officer)

personally appeared John Marion Fraser
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
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Signature N. Sanchez (Seal)

