

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3551705

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| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | ASSIGNMENT |
| SEQUENCE: | 1 |
| CONVEYING PARTY DATA | |
| Name | Execution Date |
| BEVERLY LORELL | 01/23/2003 |
| RECEIVING PARTY DATA | |
| Name: | BETH ISRAEL DEACONESS MEDICAL CENTER, INC. |
| Street Address: | 330 BROOKLINE AVENUE |
| City: | BOSTON |
| State/Country: | MASSACHUSETTS |
| Postal Code: | 02215 |
| PROPERTY NUMBERS Total: 1 | |
| Property Type | Number |
| Application Number: | 14844475 |
| CORRESPONDENCE DATA | |
| Fax Number: | (617)542-2241 |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i> | |
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| Correspondent Name: | SHOVON ASHRAF |
| Address Line 1: | ONE FINANCIAL CENTER |
| Address Line 2: | MINTZ LEVIN |
| Address Line 4: | BOSTON, MASSACHUSETTS 02111 |
| ATTORNEY DOCKET NUMBER: | 43509-501C03US |
| NAME OF SUBMITTER: | SHOVON ASHRAF |
| SIGNATURE: | /Shovon Ashraf/ |
| DATE SIGNED: | 10/01/2015 |
| Total Attachments: 2 | |
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| source=Assignment Lorell2#page2.tif | |

ASSIGNMENT

For valuable consideration, I,

| Full Name of Assignor | City | State (and Country If not USA) |
|-----------------------|---------|--------------------------------|
| Beverly Lorell | Needham | MA |

hereby assign to

| Full Name of Assignee | State of Incorporation | Business Address |
|--|------------------------|---|
| Beth Israel Deaconess Medical Center, Inc. <i>BT</i> | MA | 330 Brookline Avenue Boston, MA 02145 02215 <i>BT</i> |

10 Nov 2014
 and to 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 one or more applications for United States Patent signed by me, identified as:

| Title of Application | Filing Date | Serial Number |
|--|----------------|---------------|
| METHOD FOR TREATING CONGESTIVE HEART FAILURE | April 23, 1999 | 09/298,121 |

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 includes 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.

COPY

IN WITNESS WHEREOF, I hereto set my hand and seal at BOSTON, MASSACHUSETTS
this 23rd day of JANUARY, 2003.

Beverly Lorell MD.
Beverly Lorell

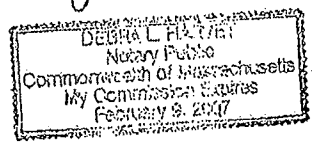
STATE OF MASSACHUSETTS:
COUNTY OF SUFFOLK: :ss.

Before me this 23rd day of JANUARY, 2003, personally appeared Beverly Lorell known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

Debra L. Harvey
Notary Public

My Commission Expires:

[Notary's Seal Here]



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