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PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
PETER J. PEREIRA	02/27/2015
SHARMAD S. JOSHI	03/02/2015

RECEIVING PARTY DATA

Name:	BOSTON SCIENTIFIC SCIMED, INC.	
Street Address:	ONE SCIMED PLACE	
City:	MAPLE GROVE	
State/Country:	MINNESOTA	
Postal Code:	55311-1566	

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	14724069

CORRESPONDENCE DATA

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ATTORNEY DOCKET NUMBER:	0073-284001	
NAME OF SUBMITTER:	TIMOTHY D. FORD	
SIGNATURE:	/Timothy D. Ford, Reg. No. 47,567/	
DATE SIGNED:	01/12/2016	

Total Attachments: 2

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PATENT REEL: 037470 FRAME: 0200 503646145

COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.: 0073-284001

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Client Ref. No.: 14-0028US01

Title: LOCKING MEMBER FOR A MEDICAL

ASSEMBLY DELIVERY DEVICE

<u>ASSIGNMENT</u>

WHEREAS, Boston Scientific Scimed, Inc., a Corporation of the State of Minnesota, and having an address of One SciMed Place, Maple Grove, Minnesota 55311-1566, United States of America (together with its successors and assigns, the "Assignee"), seeks to memorialize its ownership of the entire right, title and interest in and to the Invention;

NOW, THEREFORE, in exchange for good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, I transfer to Assignee my entire right, title, and interest in and to the Invention, including all inventions disclosed or claimed in the above-identified patent application, including any improvements thereof, any corresponding domestic applications (e.g., provisional, non-provisional, divisional, continuation, continuation-in-part, reexamination, and/or reissue patent), any corresponding foreign applications, all patents issuing thereon, or other patent application based off or claiming priority to the above-identified patent application, and all rights and benefits under any applicable treaty or convention. I authorize the USPTO (or foreign equivalent thereof) to issue any patent (or similar legal protection) to the Assignee.

I authorize the Assignee to insert in this instrument the filing date and application number of the application when ascertained. I hereby authorize the Assignee (or its designee) to apply for patent (or similar legal protection) in its own name if desired, in any and all countries.

I represent to the Assignee that I have not and shall not execute any writing or do any act whatsoever conflicting with this Assignment. I agree when requested, without additional consideration, but at the expense of the Assignee, to provide additional reasonable assistance necessary to memorialize this assignment, to execute all oaths, declarations, assignments, powers of attorney and other papers necessary to perfect and vest title to the rights assigned herein to the Assignee; and will render all assistance in filing, obtaining, maintaining, and enforcing any patent (or similar legal protection) on the Invention in any and all countries.

PATENT REEL: 037470 FRAME: 0201

COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.: 0073-284001

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Client Ref. No.: 14-0028US01

Title: LOCKING MEMBER FOR A MEDICAL

ASSEMBLY DELIVERY DEVICE

DECLARATION

I have reviewed and understand the contents of the above-identified patent application including the claims, and I believe I am an original or an original joint inventor of a claimed invention in the above-identified patent application. The above-identified patent application was made or authorized to be made by me. I am aware of and acknowledge my duty to disclose to the USPTO all information known to me to be material to patentability of the claims in the above-identified patent application. I acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

Peter J. Pereira

Sharmad S. Joshi

Date: 27- FEB-2015

Date: 02 MAR LOIS

PATENT REEL: 037470 FRAME: 0202

RECORDED: 01/12/2016