504049796 10/13/2016

# PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

### **CONVEYING PARTY DATA**

Name	Execution Date
CARL M. GEISZ	09/23/2016
DOUGLAS E. OTT	08/29/2016

### **RECEIVING PARTY DATA**

Name:	LEXION MEDICAL, LLC	
Street Address:	545 ATWATER CIRCLE	
City:	ST. PAUL	
State/Country:	MINNESOTA	
Postal Code:	55103	

## **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	15293013

### **CORRESPONDENCE DATA**

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ATTORNEY DOCKET NUMBER:	075097.0133	
NAME OF SUBMITTER:	LINDA HENRETTA	
SIGNATURE:	/linda henretta/	
DATE SIGNED:	10/13/2016	

### **Total Attachments: 3**

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PATENT 504049796 REEL: 040010 FRAME: 0099

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#### ASSIGNMENT

WHEREAS, I, the undersigned inventor, (or one of the undersigned joint inventors), of residence as listed, having invented certain new and useful improvements as below entitled, for which application for United States Letters Patent is made, said application having been executed on the date set forth below; and

WHEREAS, Lexion Medical, LLC (hereinafter referred to as "Assignee"), a Delaware corporation, with an address of 545 Atwater Circle, St. Paul, MN, 55103, desires to acquire my entire right, title and interest in and to the invention, and in and to said application and any Letters Patent that may issue thereon;

NOW, THEREFORE, for and in consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I assign to Assignee, all right, title and interest in and to said invention and in and to said application and all patents which may be granted therefor, and all divisions, reissues, continuations, continuations-in-part and extensions thereof; and I hereby authorize and request the Commissioner of Patents and Trademarks to issue all patents for said invention, or patents resulting therefrom, insofar as my interest is concerned, to Assignee.

I also assign to Assignee, all right, title and interest to the invention disclosed in said application throughout the world, including the right to file applications and obtain patents, utility models, industrial models and designs for said invention in its own name throughout the world including all rights to publish cautionary notices reserving ownership of said invention and all rights to register said invention in appropriate registries; and I further agree to execute any and all powers of attorney, applications, assignments, declarations, affidavits, and any other papers in connection therewith necessary to perfect such right, title and interest in Assignee.

I will communicate to Assignee any facts known to me respecting any improvements; and, at the expense of Assignee, I will testify in any legal proceedings, sign all lawful papers, execute all divisional, continuation, continuation-in-part, reissue and substitute applications, make lawful oaths and declarations, and generally do everything possible to vest title in Assignee and to aid Assignee to obtain and enforce proper protection for said invention in all countries.

This Assignment shall be binding on the parties' successors, assigns and legal representatives.

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Title of Invention:

Method and System for Controlling Pressurization of a Patient

Cavity Using Cavity Distension Measured by a Pressure Sensor of

a Trocar

Full name of Inventor:

Carl M. Geisz

Signature of Inventor:

Edina, Hennepin County, Minnesota

Residence (City, County, State):

9-23-16

Date:

ATTORNEY DOCKET NO. 075097.0133

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Title of Invention:

Method and System for Controlling Pressurization of a Patient Cavity Using Cavity Distension Measured by a Pressure Sensor of a Trocar

Full name of Inventor:

Douglas E. Ott

Signature of Inventor:

Macon, Georgia

Residence (City, State):

Date:

PATENT REEL: 040010 FRAME: 0102

**RECORDED: 10/13/2016**