504240108 02/22/2017

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
RJ MEDICAL, INC.	06/12/2008

RECEIVING PARTY DATA

Name:	BIOSPHERE MEDICAL, INC.
Street Address:	1050 HINGHAM STREET
City:	ROCKLAND
State/Country:	MASSACHUSETTS
Postal Code:	02370

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	13717452

CORRESPONDENCE DATA

Fax Number: (801)578-6999

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.

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Correspondent Name: MATTHEW S. BETHARDS

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ATTORNEY DOCKET NUMBER:	37621/62406	
NAME OF SUBMITTER:	MATTHEW S. BETHARDS	
SIGNATURE:	/Matthew S. Bethards/	
DATE SIGNED:	02/22/2017	

Total Attachments: 2

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PATENT 504240108 REEL: 041345 FRAME: 0725

ASSIGNMENT

WHEREAS, RJ Medical, Inc., ASSIGNOR and existing under the laws of the state of California, and having an office for the transaction of business at 4921 Robert J. Mathews Parkway, #2, El Dorado Hills, CA 95762, is the owner of the invention in COMPRESSIBLE INTRAVASCULAR EMBOLIZATION PARTICLES AND RELATED METHODS AND DELIVERY SYSTEMS for which an application for a Patent of the United States was executed

Which was filed on January 30, 2007, Application No. 11/669,119

LAI-2952528v1

and WHEREAS, BioSphere Medical, Inc., ASSIGNEE and existing under the laws of the state of Delaware, and having an office for the transaction of business at 1050 Hingham Street, Rockland, MA 02370, is desirous of obtaining the entire right, title and interest in, to and under the said invention and the said application:

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, the said ASSIGNOR has sold, assigned, transferred and set over, and by these presents do hereby sell, assign, transfer and set over, unto the said ASSIGNEE, its successors, legal representatives and assigns, the entire right, title and interest in, to and under the said invention,, and the said United States application and all divisions, renewals and continuations thereof, and all Patents of the United States which may be granted thereon and all reissues and extensions thereof; and all applications for industrial property protection, including, without limitation, all applications for patents, utility models, and designs which may hereafter be filed for said invention in any country or countries foreign to the United States, together with the right to file such applications and the right to claim for the same the priority rights derived from said United States application under the Patent Laws of the United States, the International Convention for the Protection of Industrial Property, or any other international agreement or the domestic laws of the country in which any such application is filed, as may be applicable; and all forms of industrial property protection, including, without limitation, patents, utility models, inventors' certificates and designs which may be granted for said invention in any country or countries foreign to the United States and all extensions, renewals and reissues thereof;

AND ASSIGNOR HEREBY authorizes and requests the Commissioner for Patents and any Official of any country or countries foreign to the United States, whose duty it is to issue patents or other evidence or forms of industrial property protection on applications as aforesaid, to issue the same to the said ASSIGNEE, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND ASSIGNOR HEREBY covenants and agrees that it has full right to convey the entire interest herein assigned, and that it has not executed, and will not execute, any agreement in conflict herewith.

AND ASSIGNOR HEREBY further covenants and agrees that it will communicate to the said ASSIGNEE, its successors, legal representatives and assigns, any facts known to us respecting said invention, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing, reissue and foreign applications, make all rightful oaths, and generally do everything possible to aid the said ASSIGNEE, its successors, legal representatives and assigns, to obtain and enforce proper protection for said invention in all countries.

AND ASSIGNOR HEREBY revokes any and all previous powers and appoints Practitioners of Jones Day associated with Customer Number 20583, which mailing address is Jones Day, 222 East 41st Street, New York, New York 10017-6702, as its attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, said appointment to be to the exclusion of the inventors and their attorney(s) in accordance with the provisions of 37 C.F.R. 3.71. Please direct all correspondence for this application to Customer no. 20583. The undersigned is authorized to act on behalf of the ASSIGNOR.

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REEL: 0215726TERATME: 0849

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CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California County of EL DORADO before me, BECKY CAMPINI NOTARY PUBLIC personally appeared (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. EL DORADO COUNTY COMM. EXPIRES JULY 08, 2011 ADDITIONAL OPTIONAL INFORMATION INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as DESCRIPTION OF THE ATTACHED DOCUMENT appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verhiage as may be printed on such a document so long as the (Title or description of attached document) verblage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required. (Title or description of attached document continued) • State and County information must be the State and County where the document Number of Pages _____ Document Date__ signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her (Additional information) commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. CAPACITY CLAIMED BY THE SIGNER he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this ☐ Individual (s) information may lead to rejection of document recording.

☐ Corporate Officer

(Title)

- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Other

- The notary seal impression must be clear and photographically reproducible.
 Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - Indicare title or type of attached document, number of pages and date.
 - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- · Securely attach this document to the signed document

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RECORDED: 02/22/2017