

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4286785

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	
<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>		
Email:	cristi.bills@stoel.com	
Correspondent Name:	MATTHEW S. BETHARDS	
Address Line 1:	STOEL RIVES LLP, ONE UTAH CENTER	
Address Line 2:	201 SOUTH MAIN STREET, SUITE 1100	
Address Line 4:	SALT LAKE CITY, UTAH 84111	
ATTORNEY DOCKET NUMBER:	37621/62406	
NAME OF SUBMITTER:	MATTHEW S. BETHARDS	
SIGNATURE:	/Matthew S. Bethards/	
DATE SIGNED:	02/22/2017	
Total Attachments: 2		
source=62406 assignment rj to biosphere#page1.tif		
source=62406 assignment rj to biosphere#page2.tif		


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

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:

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 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.

IN TESTIMONY WHEREOF, said ASSIGNOR has executed this document.


James S. Innes, President
RJ Medical, Inc.

On , 2008, before me, , Notary Public, personally appeared James S. Innes, personally known to me on the basis of satisfactory evidence to be the person(s) whose name(s) is 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.

See Attached.

LAI-2952528v1

REEL: 021526 TIME: 0849
REEL: 041345 FRAME: 0726

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of EL DORADO

On 6/12/2008 before me, BECKY CAMPINI NOTARY PUBLIC

personally appeared

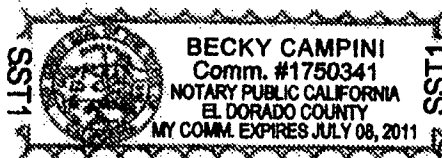
James S. Clarks, President

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.

Becky Campini
Signature of Notary Public



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

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

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as 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 verbiage as may be printed on such a document so long as the verbiage 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.

- State and County information must be the State and County where the document 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 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 notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- 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.
 - ❖ Indicate 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

PATENT

RECORDED: 09/14/2008 www.NotaryClasses.com

RECORDED: 02/22/2017

REEL: 0215261 NAME: 0850

REEL: 041345 FRAME: 0727