

PATENT ASSIGNMENT COVER SHEET

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Stylesheet Version v1.2

EPAS ID: PAT4616098

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
PAUL SCOPTON	10/06/2015
SHENG-PING ZHONG	10/06/2015
YEM CHIN	10/06/2015
RECEIVING PARTY DATA	
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City:	MAPLE GROVE
State/Country:	MINNESOTA
Postal Code:	55311-1566
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14486783
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NAME OF SUBMITTER:	JEROME E. O'NEIL
SIGNATURE:	/Jerome E. O'Neil/
DATE SIGNED:	09/28/2017
Total Attachments: 4	
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source=8150BSC0393C4 Combined Declaration & Assignment#page2.tif	
source=8150BSC0393C4 Combined Declaration & Assignment#page3.tif	

COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
06530-0358-03000

Page 1 of 2

Client Ref. No.: 04-0322US05

Title: DEVICES AND METHODS FOR AGENT-
ASSISTED MEDICAL PROCEDURES

ASSIGNMENT

WHEREAS, I, **Paul SCOPTON, Samuel ZHONG, and, Yem CHIN**, have invented certain new and useful improvements as described in U.S. patent application, entitled **DEVICES AND METHODS FOR AGENT-ASSISTED MEDICAL PROCEDURES**, the application having been executed on even date herewith, and/or being identified in the United States Patent and Trademark Office ("USPTO") by Application No. 14/486,783, filed September 15, 2014 ("Invention"); and

WHEREAS, **Boston Scientific Scimed, Inc.**, a Corporation of the State of Minnesota, and having an address of One Scimed Place, Maple Grove, MN 55311-1566, U.S.A. (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 applications 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.

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.

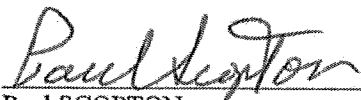
**COMBINED DECLARATION
& ASSIGNMENT**

Attorney Docket No.:
06530-0358-03000

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Client Ref. No.: 04-0322US05

Title: DEVICES AND METHODS FOR AGENT-
ASSISTED MEDICAL PROCEDURES



Paul SCOPTON
145 Cambridge Street
Winchester, MA 01890

Date 10-6-15

Samuel ZHONG
8 Dickinson Circle
Shrewbury, MA 01545

Date _____



Yen CHIN
35 University Avenue
Burlington, MA 01803

Date 10/6/2015

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**SUBSTITUTE STATEMENT IN LIEU OF AN OATH OR DECLARATION FOR UTILITY
OR DESIGN PATENT APPLICATION (35 U.S.C. 115(d) AND 37 CFR 1.64)**

Title of Invention	DEVICES AND METHODS FOR AGENT-ASSISTED MEDICAL PROCEDURES		
This statement is directed to:			
<input type="checkbox"/> The attached application,			
OR			
<input checked="" type="checkbox"/> United States application or PCT international application number <u>14/486,783</u> filed on <u>September 15, 2014</u> .			
LEGAL NAME of inventor to whom this substitute statement applies:			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname)			
Sheng-Ping ZHONG			
Residence (except for a deceased or legally incapacitated inventor):			
City	State	Country	
Shrewsbury	MA	US	
Mailing Address (except for a deceased or legally incapacitated inventor):			
8 Dickinson Circle			
City	State	Zip	Country
Shrewsbury	MA	01545	US
I believe the above-named inventor or joint inventor to be the original inventor or an original joint inventor of a claimed invention in the application.			
The above-identified application was made or authorized to be made by me.			
I hereby acknowledge that any willful false statement made in this statement is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.			
Relationship to the inventor to whom this substitute statement applies:			
<input type="checkbox"/> Legal Representative (for deceased or legally incapacitated inventor only),			
<input checked="" type="checkbox"/> Assignee,			
<input type="checkbox"/> Person to whom the inventor is under an obligation to assign,			
<input type="checkbox"/> Person who otherwise shows a sufficient proprietary interest in the matter (petition under 37 CFR 1.46 is required), or			
<input type="checkbox"/> Joint Inventor.			

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

SUBSTITUTE STATEMENT

Circumstances permitting execution of this substitute statement:

- Inventor is deceased,
 Inventor is under legal incapacity,
 Inventor cannot be found or reached after diligent effort, or
 Inventor has refused to execute the oath or declaration under 37 CFR 1.63.

If there are joint inventors, please check the appropriate box below:

- An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) naming the entire inventive entity has been or is currently submitted.
 OR
 An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) has not been submitted. Thus, a Substitute Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the entire inventive entity and providing inventor information is attached. See 37 CFR 1.64(b).

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

PERSON EXECUTING THIS SUBSTITUTE STATEMENT:

Name: **Jennifer M. Heywood**

Date (Optional): **006. 6. 2015**

Signature: *Jennifer M. Heywood*

APPLICANT NAME AND TITLE OF PERSON EXECUTING THIS SUBSTITUTE STATEMENT:

If the applicant is a juristic entity, list the applicant name and the title of the signer:

Boston Scientific Scimed, Inc.

Applicant Name:

Title of Person Executing This Substitute Statement: **Assistant Secretary**

The signer, whose title is supplied above, is authorized to act on behalf of the applicant.

Residence of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent):

City **Mansfield** State **MA** Country **US**

Mailing Address of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent)

**300 Boston Scientific Way
(MS: M301)**

City **Malborough** State **MA** Zip **07152** Country **US**

Note: Use an additional PTO/AIA/02 form for each inventor who is deceased, legally incapacitated, cannot be found or reached after diligent effort, or has refused to execute the oath or declaration under 37 CFR 1.63.