

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5199164

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	JOSEPH J. MRVA	04/13/2010
RECEIVING PARTY DATA		
Name:	MEDTRONIC URINARY SOLUTIONS, INC.	
Street Address:	710 MEDTRONIC PARKWAY	
City:	MINNEAPOLIS	
State/Country:	MINNESOTA	
Postal Code:	55432	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	14972431
CORRESPONDENCE DATA		
Fax Number:	(651)735-1102	
<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>		
Phone:	6517351100	
Email:	pairdocketing@ssiplaw.com	
Correspondent Name:	SHUMAKER & SIEFFERT P.A	
Address Line 1:	1625 RADIO DRIVE , SUITE 100	
Address Line 4:	WOODBURY, MINNESOTA 55125	
ATTORNEY DOCKET NUMBER:	1023-812US08/P033527.USC5	
NAME OF SUBMITTER:	CAITLIN E. MYHRE	
SIGNATURE:	/Caitlin E. Myhre/	
DATE SIGNED:	10/22/2018	
Total Attachments: 2		
source=P0033527USC5_Mrva to MDT#page1.tif		
source=P0033527USC5_Mrva to MDT#page2.tif		

ASSIGNMENT

For valuable consideration, we, Maria E. Bennett of 25335 Letchworth Road, Beachwood, OH 44122; Kenneth P. Rundle of 8304 Brookside Road, Independence, OH 44131; Stuart F. Rubin of 3937 West Ash Lane, Orange Village, OH 44122; James Coburn of 3119 Essex Road, Cleveland Heights, OH 44118; Danny R. Pack of 389 Armour Road, Avon Lake, OH 44012; Robert B. Strother of 37895 Rogers Road, Willoughby Hills, OH 44094; Geoffrey B. Thrope of 22799 Holmwood Road, Shaker Heights, OH 44122; and Joseph J. Mrva of 376 E 270th St., Euclid, OH 44132, hereby assign to: Medtronic Urinary Solutions, Inc., having a place of business at: 710 Medtronic Parkway, Minneapolis, MN 55432 and its successors and assigns (collectively hereinafter called "the Assignee") the entire right, title and interest throughout the world in the inventions and improvements which are the subject of an application for United States Patent signed by us, entitled SYSTEMS AND METHODS FOR CLINICIAN CONTROL OF STIMULATION SYSTEMS, filed October 02, 2006, and assigned U.S. Serial Number 11/541,890; this assignment including said application, any provisional, continuation, continuation-in-part, divisional, reissue, renewal, extension or other application for any of said inventions or improvements, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

Date: _____

Geoffrey B. Thrope


State of _____)
) ss:
County of _____)

On this _____ day of _____, 20____, before me, _____,
Notary Public, personally appeared Geoffrey B. Thrope personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to within the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public
My Commission Expires:


Date: 13 April 2010


Joseph J. Mrva

State of _____)
) ss:
County of _____)

On this 13 day of April, 2010, before me, (Two witness signatures)
Notary Public, personally appeared Joseph J. Mrva personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to within the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

 4/13/10
Randi Ounas 4/13/10
Signature of Notary Public
My Commission Expires: