

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5108779

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	CORRECTION OF THE FIRST INVENTOR'S NAME	
CONVEYING PARTY DATA		
	Name	Execution Date
	JEFFREY E. STAHMANN	05/22/2017
RECEIVING PARTY DATA		
Name:	CARDIAC PACEMAKERS, INC.	
Street Address:	4100 HAMLINE AVENUE NORTH	
City:	ST. PAUL	
State/Country:	MINNESOTA	
Postal Code:	55112	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	15584987
CORRESPONDENCE DATA		
Fax Number:	(612)746-4781	
<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:	6127464780	
Email:	docketing@pdsdlaw.com	
Correspondent Name:	PAULY, DEVRIES SMITH & DEFFNER, LLC	
Address Line 1:	121 SOUTH 8TH STREET	
Address Line 2:	SUITE 900	
Address Line 4:	MINNEAPOLIS, MINNESOTA 55402	
ATTORNEY DOCKET NUMBER:	115.0253USU1	
NAME OF SUBMITTER:	KATHERINE S. BOYLE	
SIGNATURE:	/Katherine S. Boyle/	
DATE SIGNED:	08/24/2018	
Total Attachments: 3		
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PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5070965

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JEFFEREY E. STAHMANN	05/22/2017
DAN C. GOLDMAN	05/22/2017
RECEIVING PARTY DATA	
Name:	CARDIAC PACEMAKERS, INC.
Street Address:	4100 HAMLINE AVENUE NORTH
City:	ST. PAUL
State/Country:	MINNESOTA
Postal Code:	55112
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15584987
CORRESPONDENCE DATA	
Fax Number:	(612)746-4781
<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:	6127464780
Email:	docketing@pdsdlaw.com
Correspondent Name:	PAULY, DEVRIES SMITH & DEFFNER, LLC
Address Line 1:	121 SOUTH 8TH STREET
Address Line 2:	SUITE 900
Address Line 4:	MINNEAPOLIS, MINNESOTA 55402
ATTORNEY DOCKET NUMBER:	115.0253USU1
NAME OF SUBMITTER:	KATHERINE S. BOYLE
SIGNATURE:	/Katherine S. Boyle/
DATE SIGNED:	07/27/2018
Total Attachments: 2	
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COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
115.0253USU1 (16-
0044)

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Client Ref. No.: 16-0044US01

Title: AUTHENTICATION OF SHOCK
THERAPY DEFERRAL

ASSIGNMENT

WHEREAS, I, Jeffrey E. Stahmann and Dan C. Goldman, have invented certain new and useful improvements as described in U.S. patent application, entitled **AUTHENTICATION OF SHOCK THERAPY DEFERRAL**, 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. 15/584,987, filed May 2, 2017 ("Invention"); and

WHEREAS, Cardiac Pacemakers, Inc., and having an address of 4100 Hamline Avenue North, St. Paul, MN 55112 US (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 application 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 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 our duty to disclose to the USPTO all information known to us 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.

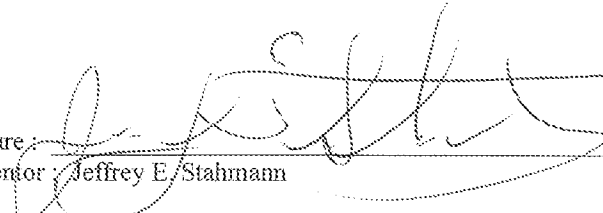
**COMBINED DECLARATION
& ASSIGNMENT**

Attorney Docket No.:
115.0253USU1 (16-
0044)

Page 2 of 2

Client Ref. No.: 16-0044US01

Title: AUTHENTICATION OF SHOCK
THERAPY DEFERRAL

Inventor's Signature : 

Full Name of Inventor : Jeffrey E. Stahmann

Date

5/22/2017

Inventor's Signature : 

Full Name of Inventor : Dan C. Goldman

Date

5.22.17