

PATENT ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
MICHAEL S. H. CHU	04/15/2019
ASHLEY TAYLOR	05/01/2019
BRIAN P. WATSCHKE	04/12/2019
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Street Address:	ONE SCIMED PLACE
City:	MAPLE GROVE
State/Country:	MINNESOTA
Postal Code:	55311-1566
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16406577
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ATTORNEY DOCKET NUMBER:	10121/33502
NAME OF SUBMITTER:	OLEG F. KAPLUN
SIGNATURE:	/Oleg F. Kaplun/
DATE SIGNED:	05/08/2019
Total Attachments: 4	
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COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
10121/33502

Page 1 of 4

Client Ref. No.: 18-0087US01

Title: **MEDICAL DEVICE HANDLE AND
METHOD OF USE**

ASSIGNMENT

WHEREAS, I, **Michael S. H. CHU, Ashley TAYLOR and Brian P. WATSCHKE**, have invented certain new and useful improvements as described in U.S. patent application, entitled **MEDICAL DEVICE HANDLE AND METHOD OF USE**, 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. _____ filed _____; and which claims priority to U.S. Provisional Patent Application No. **62/700,634** filed **July 19, 2018** ("Invention"); and

WHEREAS, WHEREAS, **BOSTON SCIENTIFIC SCIMED, INC.**, a Corporation of the State of Minnesota, and having an address One Scimed Place, Maple Grove, Minnesota 55311-1566, United States of America (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.

COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
10121/33502

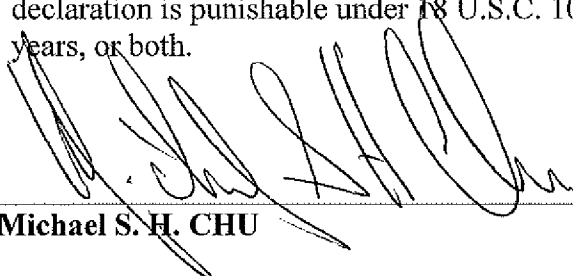
Page 2 of 4

Client Ref. No.: 18-0087US01

Title: MEDICAL DEVICE HANDLE AND
METHOD OF USE

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.



Michael S. H. CHU

Date

April 15, 2019

**COMBINED DECLARATION &
ASSIGNMENT**

Attorney Docket No.:
10121/32502

Page 3 of 4

Client Ref. No.: 18-00271/501

Title: MEDICAL DEVICE HANDLE AND
METHOD OF USE

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.



Ashley TAYLOR

Date 5/1/2019

COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
10121/33502

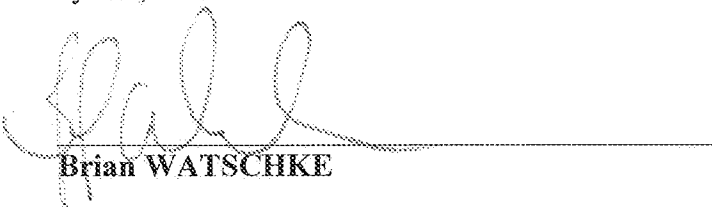
Page 4 of 4

Client Ref. No.: 18-0087US01

Title: MEDICAL DEVICE HANDLE AND
METHOD OF USE

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.



Brian WATSCHKE

Date 12-APR-19