

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
	CORY P. WRIGHT	02/05/2019
	NATHANIEL STARK	04/16/2019
	WENGUANG LI	03/15/2019
	GAYLIN MILDRED YEE	03/21/2019
	NEIL POLLOCK	02/13/2019
	MIKHAIL E. BASHTANOV	02/13/2019
	FAHAD HUSSAIN	02/13/2019
	METTE FUNDING LA COUR	02/13/2019
RECEIVING PARTY DATA		
Name:	BOSTON SCIENTIFIC SCIMED, INC.	
Street Address:	ONE SCIMED PLACE	
City:	MAPLE GROVE	
State/Country:	MINNESOTA	
Postal Code:	55311	
PROPERTY NUMBERS Total: 1		
Property Type	Number	
Application Number:	16361194	
CORRESPONDENCE DATA		
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<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>		
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Correspondent Name:	SEAGER, TUFTE & WICKHEM, LLP	
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ATTORNEY DOCKET NUMBER:	2001.1919101	
NAME OF SUBMITTER:	THU H. LE-TO	
SIGNATURE:	/thu h. le-to/	

PATENT

DATE SIGNED:	05/08/2019
Total Attachments: 6 source=20011919101_Assignment_05-8-2019#page1.tif source=20011919101_Assignment_05-8-2019#page2.tif source=20011919101_Assignment_05-8-2019#page3.tif source=20011919101_Assignment_05-8-2019#page4.tif source=20011919101_Assignment_05-8-2019#page5.tif source=20011919101_Assignment_05-8-2019#page6.tif	

COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
2001.1919101

Page 1 of 2

Client Ref. No.: 17-0706US01

Title: MEDICAL DEVICE WITH PRESSURE
SENSOR

ASSIGNMENT

WHEREAS, I, CORY P. WRIGHT, NATHANIEL STARK, WENGUANG LI, GAYLIN MILDRED YEE, NEIL POLLOCK, MIKHAIL E. BASHTANOV, FAHAD HUSSAIN, METTE FUNDING LA COUR, has invented certain new and useful improvements as described in U.S. patent application, entitled **MEDICAL DEVICE WITH PRESSURE SENSOR**, 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. 16/361,194 filed MARCH 21, 2019 ("Invention"); and

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

[Signature Page Follow]

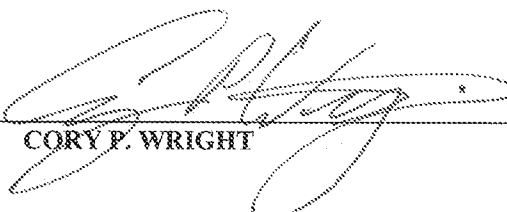
COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
2001.1919101

Page 2 of 2

Client Ref. No.: 17-0706US01

Title: MEDICAL DEVICE WITH PRESSURE
SENSOR

Inventor's Signature: 

Full Name of Inventor: **CORY P. WRIGHT**

Date: 02/05/19

Inventor's Signature: _____

Full Name of Inventor: **NATHANIEL STARK**

Date: _____

Inventor's Signature: _____

Full Name of Inventor: **WENGUANG LI**

Date: _____

Inventor's Signature: _____

Full Name of Inventor: **GAYLIN MILDRED YEE**

Date: _____

Inventor's Signature: _____

Full Name of Inventor: **NEIL POLLOCK**

Date: _____

Inventor's Signature: _____

Full Name of Inventor: **MIKHAIL E. BASHTANOV**

Date: _____

Inventor's Signature: _____

Full Name of Inventor: **FAHAD HUSSAIN**

Date: _____

Inventor's Signature: _____

Full Name of Inventor: **METTE FUNDING LA COUR**

Date: _____

Signature Page to Patent Assignment/Declaration

PATENT
REEL: 049117 FRAME: 0510

COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
2001.1919101

Page 2 of 2

Client Ref. No.: 17-0706US01

Title: MEDICAL DEVICE WITH PRESSURE
SENSOR

Inventor's Signature: _____
Full Name of Inventor: **CORY P. WRIGHT**

Date: _____

Inventor's Signature:  _____
Full Name of Inventor: **NATHANIEL STARK**

Date: 4/14/17

Inventor's Signature: _____
Full Name of Inventor: **WENGUANG LI**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **GAYLIN MILDRED YEE**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **NEIL POLLOCK**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **MIKHAIL E. BASHTANOV**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **FAHAD HUSSAIN**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **METTE FUNDING LA COUR**

Date: _____

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PATENT
REEL: 049117 FRAME: 0511

COMBINED DECLARATION & ASSIGNMENT

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2001.1919101

Page 2 of 2

Client Ref. No.: 17-0706US01

Title: MEDICAL DEVICE WITH PRESSURE
SENSOR

Inventor's Signature: _____
Full Name of Inventor: **CORY P. WRIGHT**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **NATHANIEL STARK**

Date: _____

Inventor's Signature:  _____
Full Name of Inventor: **WENGUANG LI**

Date: **15-Mar-2019**

Inventor's Signature: _____
Full Name of Inventor: **GAYLIN MILDRED YEE**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **NEIL POLLOCK**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **MIKHAIL E. BASHTANOV**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **FAHAD HUSSAIN**

Date: _____

Inventor's Signature: _____
Full Name of Inventor: **METTE FUNDING LA COUR**

Date: _____

COMBINED DECLARATION & ASSIGNMENT

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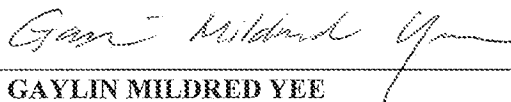
Client Ref. No.: 17-0706US01

Title: MEDICAL DEVICE WITH PRESSURE
SENSOR

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **CORY P. WRIGHT**

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **NATHANIEL STARK**

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **WENGUANG LI**

Inventor's Signature:  Date: 21 Mar 2019
Full Name of Inventor: **GAYLIN MILDRED YEE**

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **NEIL POLLOCK**

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **MIKHAIL E. BASHTANOV**

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **FAHAD HUSSAIN**

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **METTE FUNDING LA COUR**

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Title: MEDICAL DEVICE WITH PRESSURE
SENSOR

Inventor's Signature: _____
Full Name of Inventor: CORY P. WRIGHT

Date: _____

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Full Name of Inventor: NATHANIEL STARK

Date: _____

Inventor's Signature: _____
Full Name of Inventor: WENGUANG LI

Date: _____

Inventor's Signature: _____
Full Name of Inventor: GAYLIN MILDRED YEE

Date: _____

Inventor's Signature: 
Full Name of Inventor: NEIL POLLOCK

Date: 13th Feb 2019

Inventor's Signature: 
Full Name of Inventor: MIKHAIL E. BASHTANOV

Date: 13th Feb 2019

Inventor's Signature: 
Full Name of Inventor: FAHAD HUSSAIN

Date: 13th Feb 2019

Inventor's Signature: 
Full Name of Inventor: METTE FUNDING LA COUR

Date: 13th Feb 2019

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