

<b>PATENT ASSIGNMENT COVER SHEET</b>
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Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT5551435

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	LIEN
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
ACTIVA MEDICAL CORPORATION	06/03/2019
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	ACTIVA MEDICAL CORPORATION
<b>Street Address:</b>	1000 WESTGATE DRIVE #100
<b>City:</b>	ST. PAUL
<b>State/Country:</b>	MINNESOTA
<b>Postal Code:</b>	55114
<b>PROPERTY NUMBERS Total: 7</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	14837524
Application Number:	15397349
Application Number:	15755676
Application Number:	16051301
Application Number:	62539538
Application Number:	15151745
Patent Number:	9366606
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	
<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>	
<b>Phone:</b>	612044648
<b>Email:</b>	lease@fr.com
<b>Correspondent Name:</b>	BRIAN LEASE
<b>Address Line 1:</b>	3200 RBC PLAZA, 60 SOUTH SIXTH STREET
<b>Address Line 4:</b>	MINNEAPOLIS, MINNESOTA 55402
<b>ATTORNEY DOCKET NUMBER:</b>	41246
<b>NAME OF SUBMITTER:</b>	BRIAN LEASE
<b>SIGNATURE:</b>	/Brian Lease/
<b>DATE SIGNED:</b>	06/03/2019

**Total Attachments: 5**

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**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Brian Lease 612-204-4648
B. E-MAIL CONTACT AT FILER (optional) lease@fr.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Fish & Richardson P.C. 60 South 6th St Minneapolis, MN 55402

Delaware Department of State  
 U.C.C. Filing Section  
 Filed: 05:30 PM 05/31/2019  
 U.C.C. Initial Filing No: 2019 3770331  
 Service Request No: 20195103914

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Ativa Medical Corporation				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1000 Westgate Drive, Suite #100	St. Paul	MN	55114	USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Fish & Richardson P.C.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
60 South 6th St	Minneapolis	MN	55402	

4. COLLATERAL: This financing statement covers the following collateral:

United States Patents:  
9,366,606

United States Patent Application:  
14/837,524; 15/397,349; 15/755,676; 15/151,745; 16/051,301; 62/539,538

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	

8. OPTIONAL FILER REFERENCE DATA:  
41246

Notice of Lien

Fish & Richardson P.C. has not been compensated for patent and trademark prosecution services that it provided for Anki, Inc.. The Supreme Judicial Court of Massachusetts recently clarified that the scope of the Massachusetts attorney's lien statute, G.L. c. 22 1 § 50, extends to patent prosecution work. Massachusetts Lawyers Weekly, Ropes & Gray LLP v. Jalbert, SJC-10333 (August 3, 2009). Thus, in accordance with Ropes & Gray v. Jalbert and under the Massachusetts attorney's lien statute, G.L. c. 22 1, § 50, Fish & Richardson P.C. has placed a lien on the patents, patent applications, trademarks, and trademark applications for which the above-noted uncompensated services were performed. A list of those patents, patent applications, trademarks, and trademark applications is provided below. This document is being recorded to notify the public of those liens.

<b>Fish &amp; Richardson P.C. Ref. No</b>	<b>U.S. Application No. / Patent No.</b>	<b>Filing Date</b>
41246-0004001	9,366,606	6/14/2016
41246-0003001	14/837,524	8/27/2015
41246-0003002	15/397,349	1/3/2017
41246-0003US1	15/755,676	2/27/2018
41246-0010001	16/051,301	7/31/2018
41246-0010P01	62/539,538	7/31/2017
41246-0004002	15/151,745	2/27/2018



FISH & RICHARDSON  
 3200 RBC Plaza  
 60 South Sixth Street  
 Minneapolis, MN 55402

Ativa Medical Corporation  
 Jim McNally  
 1000 Westgate Drive  
 Suite 100  
 St. Paul, MN 55114

**STATEMENT OF ACCOUNT**  
As of Monday, June 03, 2019

Below is a summary of your unpaid invoices from Fish & Richardson P.C.. Should you have any questions regarding this information please contact our Accounts Receivable Department at 612-278-4536, or via e-mail at sbrowning@fr.com. For your convenience, wire transfer instructions appear at the bottom of this statement. Thank you.

**Client Number:** 41246  
**Client Name:** Ativa Medical Corporation  
**Attorney Name:** Christopher C. Hoff/ 02104

Matter ID	Invoice#	Total Original	Credits	Balance
41246.0001001	1773810	\$4,654.64	\$0.00	\$4,654.64
41246.0001001	1782976	\$725.67	\$0.00	\$725.67
41246.0001001	1791071	\$1,151.17	\$0.00	\$1,151.17
<b>41246.0001001 total</b>				<b>\$6,531.48</b>
41246.0003002	1732741	\$388.51	\$0.00	\$388.51
41246.0003002	1757211	\$644.73	\$0.00	\$644.73
41246.0003002	1765677	\$1,303.09	\$0.00	\$1,303.09
41246.0003002	1782976	\$2,886.97	\$0.00	\$2,886.97
41246.0003002	1791071	\$381.10	\$0.00	\$381.10
<b>41246.0003002 total</b>				<b>\$5,604.40</b>
41246.0004002	1773810	\$2,053.51	\$0.00	\$2,053.51
41246.0004002	1791071	\$1,221.00	\$0.00	\$1,221.00
41246.0004002	1795677	\$346.27	\$0.00	\$346.27
<b>41246.0004002 total</b>				<b>\$3,620.78</b>

**THIS IS NOT A BILL**

Please be sure to reference client name or invoice numbers when submitting payments

Check remittance address: P.O. Box 3295, Boston, MA 02241-3295

Overnight delivery and street address: 3200 RBC Plaza, 60 South Sixth Street, Minneapolis, MN 55402

Wire transfer information: Bank of America, ABA #0260-0959-3, Acct #511-43170, Swift Code BOFAUS3N

ACH transfer information: Bank of America, ABA #011000138, Account #511-43170

For wire and ACH transfers please email "Remittance Advice" to collectionsteam@fr.com

**PATENT**

**REEL: 049343 FRAME: 0622**

# FISH.

FISH & RICHARDSON  
3200 RBC Plaza  
60 South Sixth Street  
Minneapolis, MN 55402

Matter ID	Invoice#	Total Original	Credits	Balance
41246.0010001	1765677	\$600.00	\$0.00	\$600.00
41246.0010001	1773810	\$1,001.91	\$0.00	\$1,001.91
41246.0010001	1791071	\$163.73	\$0.00	\$163.73
41246.0010001	1795677	\$2,295.34	\$0.00	\$2,295.34
41246.0010001	1797342	\$34.23	\$0.00	\$34.23
<b>41246.0010001 total</b>				<b>\$4,095.21</b>
41246.0003CN1	1746985	\$183.07	\$0.00	\$183.07
41246.0003CN1	1757211	\$8,539.00	\$0.00	\$8,539.00
41246.0003CN1	1765677	\$41.63	\$0.00	\$41.63
41246.0003CN1	1773810	\$512.80	\$0.00	\$512.80
41246.0003CN1	1782976	\$169.00	\$0.00	\$169.00
41246.0003CN1	1795677	\$110.20	\$0.00	\$110.20
<b>41246.0003CN1 total</b>				<b>\$9,555.70</b>
41246.0003US1	1723073	\$1,762.94	(\$500.00)	\$1,262.94
41246.0003US1	1757211	\$77.70	\$0.00	\$77.70
41246.0003US1	1791071	\$188.25	\$0.00	\$188.25
41246.0003US1	1797342	\$34.23	\$0.00	\$34.23
<b>41246.0003US1 total</b>				<b>\$1,563.12</b>
41246.0003WO1	1723073	\$500.00	\$0.00	\$500.00
<b>41246.0003WO1 total</b>				<b>\$500.00</b>
41246.0004CN1	1723073	\$500.00	\$0.00	\$500.00
41246.0004CN1	1742235	\$5,036.00	\$0.00	\$5,036.00
41246.0004CN1	1746985	\$83.26	\$0.00	\$83.26
41246.0004CN1	1757211	\$168.00	\$0.00	\$168.00
41246.0004CN1	1773810	\$615.00	\$0.00	\$615.00
41246.0004CN1	1782976	\$78.20	\$0.00	\$78.20
<b>41246.0004CN1 total</b>				<b>\$6,480.46</b>
41246.0004WO1	1723073	\$500.00	\$0.00	\$500.00
<b>41246.0004WO1 total</b>				<b>\$500.00</b>

**THIS IS NOT A BILL**

Please be sure to reference client name or invoice numbers when submitting payments

Check remittance address: P.O. Box 3295, Boston, MA 02241-3295

Overnight delivery and street address: 3200 RBC Plaza, 60 South Sixth Street, Minneapolis, MN 55402

Wire transfer information: Bank of America, ABA #0260-0959-3, Acct #511-43170, Swift Code BOFAUS3N

ACH transfer information: Bank of America, ABA #011000138, Account #511-43170

For wire and ACH transfers please email "Remittance Advice" to collectionsteam@fr.com

**PATENT**

**REEL: 049343 FRAME: 0623**

# FISH.

FISH & RICHARDSON  
3200 RBC Plaza  
60 South Sixth Street  
Minneapolis, MN 55402

41246.0010P01	1723073	\$51.34	\$0.00	\$51.34
41246.0010P01	1732741	\$34.23	\$0.00	\$34.23
<b>41246.0010P01 total</b>				<b>\$85.57</b>
			<b>Balance Due</b>	<b>\$38,536.72</b>

Date of last payment: Friday, December 21, 2018

**THIS IS NOT A BILL**

**Please be sure to reference client name or invoice numbers when submitting payments**

**Check remittance address:** P.O. Box 3295, Boston, MA 02241-3295

**Overnight delivery and street address:** 3200 RBC Plaza, 60 South Sixth Street, Minneapolis, MN 55402

**Wire transfer information:** Bank of America, ABA #0260-0959-3, Acct #511-43170, Swift Code BOFAUS3N

**ACH transfer information:** Bank of America, ABA #011000138, Account #511-43170

For wire and ACH transfers please email "Remittance Advice" to [collectionsteam@fr.com](mailto:collectionsteam@fr.com)

**PATENT**

**RECORDED: 06/03/2019**

**REEL: 049343 FRAME: 0624**