

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT5562334

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JAMES M. ANDERSON	11/27/2018
CASS ALEXANDER HANSON	11/27/2018
DAVID JOHN ONUSHKO	11/27/2018
JOSE A. MEREGOTTE	11/28/2018
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:	16252968
CORRESPONDENCE DATA	
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ATTORNEY DOCKET NUMBER:	2001.1907101
NAME OF SUBMITTER:	EMILY WHITCOMB
SIGNATURE:	/emily whitcomb/
DATE SIGNED:	06/07/2019
Total Attachments: 3	
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COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
2001.1907101

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Client Ref. No.: 17-0664US01

Title: **OCCLUSIVE MEDICAL DEVICE WITH
DELIVERY SYSTEM**

ASSIGNMENT

WHEREAS, we, **James M. Anderson, Cass Alexander Hanson, David John Onushko, Jose A. Meregotte**, have invented certain new and useful improvements as described in U.S. patent application, entitled **OCCLUSIVE MEDICAL DEVICE WITH DELIVERY SYSTEM**, 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. 16/252,968 filed January 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, 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.

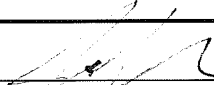
**COMBINED DECLARATION
& ASSIGNMENT**

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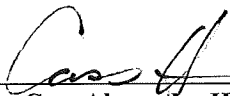
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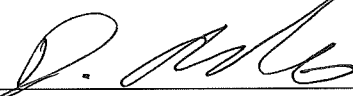
Title: **OCCLUSIVE MEDICAL DEVICE WITH
DELIVERY SYSTEM**

Inventor's Signature: 
Full Name of Inventor: **James M. Anderson**

Date: 27 Nov 2018

Inventor's Signature: 
Full Name of Inventor: **Cass Alexander Hanson**

Date: 27 Nov 2018

Inventor's Signature: 
Full Name of Inventor: **David John Onushko**

Date: 27 Nov 2018 ²⁰¹⁸ ⁰⁰

Inventor's Signature: _____
Full Name of Inventor: **Jose A. Meregotte**

Date: _____

**COMBINED DECLARATION
& ASSIGNMENT**

Attorney Docket No.:
2001.1907101

Page 2 of 2


Client Ref. No.: 17-0664US01

Title: **OCCLUSIVE MEDICAL DEVICE WITH
DELIVERY SYSTEM**

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **James M. Anderson**

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **Cass Alexander Hanson**

Inventor's Signature: _____ Date: _____
Full Name of Inventor: **David John Onushko**

Inventor's Signature:  _____ Date: 28 NOV 2018
Full Name of Inventor: **Jose A. Meregotte**