## 505516975 06/10/2019

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5563780

SUBMISSION TYPE:		NEW ASSIGNMENT		
NATURE OF CONVEYANCE:		ASSIGNMENT		
CONVEYING PARTY	DATA			
		Name	Execution Date	
Michael S. Rosenberg			07/19/2006	
Timothy J. Claude			07/11/2006	
RECEIVING PARTY	ΑΤΑ			
Name:	INTERR	INTERRAD MEDICAL, INC.		
Street Address:	181 CHE	181 CHESHIRE LANE NORTH		
Internal Address:	SUITE 1	SUITE 100		
City:	PLYMOL	PLYMOUTH		
State/Country:	MINNES	MINNESOTA		
Postal Code:	55441	55441		
PROPERTY NUMBER	RS Total: 1			
Property Type		Number		
Application Number:	1	6406150	_	
	8) <b>be sent to t</b>	377)769-7945 The e-mail address first; if that is unsuccessful, it will be s		
• · · ·		612) 638-5725		
		amm@fr.com, apsi@fr.com		
<b>Correspondent Name</b>		MY M. GUSTAFSON ISH & RICHARDSON P.C.		
•				
Address Line 1:				
-	Р	.O.BOX 1022 IINNEAPOLIS, MINNESOTA 55440	-1022	
Address Line 1: Address Line 2: Address Line 4:	P	.O.BOX 1022	-1022	
Address Line 1: Address Line 2: Address Line 4:	P N NUMBER:	.O.BOX 1022	-1022	
Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET	P N NUMBER:	.O.BOX 1022 IINNEAPOLIS, MINNESOTA 55440 20090-0004006	-1022	
Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET NAME OF SUBMITTER SIGNATURE:	P N NUMBER:	O.BOX 1022	-1022	
Address Line 1: Address Line 2:	P N NUMBER:	O.BOX 1022 IINNEAPOLIS, MINNESOTA 55440 20090-0004006 LYNDZIE HAMM /Lyndzie Hamm/	-1022	
Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET NAME OF SUBMITTER SIGNATURE: DATE SIGNED:	P NUMBER: R:	O.BOX 1022	-1022	
Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET NAME OF SUBMITTER SIGNATURE: DATE SIGNED: Fotal Attachments: 3	P NUMBER: R: nment#page nment#page	.O.BOX 1022 IINNEAPOLIS, MINNESOTA 55440 20090-0004006 LYNDZIE HAMM /Lyndzie Hamm/ 06/10/2019 1.tif 2.tif	-1022	

## **ASSIGNMENT**

For valuable consideration, we, Michael S. Rosenberg, of 4187 Amberleaf Trail, Eagan, MN 55123; and Timothy J. Claude, of 1228 97th Avenue N.W., Coon Rapids, MN 55433; hereby assign to INTERRAD MEDICAL, INC., a corporation of Minnesota, having a place of business at 1400 Energy Park Drive, Suite 19, St. Paul, MN 55108, and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by us, entitled ANCHOR DEVICE AND METHOD, filed March 9, 2006, and assigned U.S. Serial Number 11/372,283, this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effect uate fully this assignment.

Assignment Page 1 of 3

PATENT REEL: 049421 FRAME: 0131

7/19/06 DATE: \_

MICHAEL S. ROSENBERG

STATE OF <u>Minnesota</u> COUNTY OF <u>Sakota</u> SS.

On  $\underline{19 \quad \underline{10} \quad \underline{2001}}$ , before me, the undersigned, a notary public for the State of <u>Minnesota</u>, there personally appeared MICHAEL S. ROSENBERG personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

\*\*\*\* ASHLEY ANITA MARIE DOMEI Notary Public-Minnesota ion Expires Jan 31, 2010 Notary Public

Assignment Page 2 of 3

DATE: 7-11-00 ÍMOTHÝ J

STATE OF COUNTY OF Anote ) SS.

On  $\underline{7 - 11 - 2006}$ , before me, the undersigned, a notary public for the State of <u>Minnesota</u>, there personally appeared TIMOTHY J. CLAUDE personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.



Notary Public

60355393.doc

Assignment Page 3 of 3

## **RECORDED: 06/10/2019**