505650355 08/31/2019

# PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

#### **CONVEYING PARTY DATA**

Name	Execution Date
JOSHUA MARK INOUYE	06/11/2019
DAVID JOHN ONUSHKO	06/11/2019
DENNIS A. PEIFFER	06/11/2019
JAMES M. ANDERSON	06/11/2019

### **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:	16502190

## **CORRESPONDENCE DATA**

**Fax Number:** (612)359-9349

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.

**Phone:** 6126779050

**Email:** docketing@stwiplaw.com, emily.whitcomb@stwiplaw.com

Correspondent Name: SEAGER, TUFTE & WICKHEM, LLP.

Address Line 1: 100 SOUTH 5TH ST

Address Line 2: SUITE 600

Address Line 4: MINNEAPOLIS, MINNESOTA 55402

ATTORNEY DOCKET NUMBER:	2001.1975101
NAME OF SUBMITTER:	EMILY WHITCOMB
SIGNATURE:	/emily whitcomb/
DATE SIGNED:	08/31/2019

## **Total Attachments: 2**

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PATENT 505650355 REEL: 050227 FRAME: 0960

# COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.: 2001.1975101

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Client Ref. No.: 18-0109US01

Title: OCCLUSIVE MEDICAL DEVICE

### ASSIGNMENT

WHEREAS, we, Joshua Mark Inouye, David John Onushko, Dennis A. Peiffer and James M. Anderson, have invented certain new and useful improvements as described in U.S. patent application, entitled OCCLUSIVE MEDICAL DEVICE, 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. 16/502,190 filed July 3, 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.

PATENT REEL: 050227 FRAME: 0961

# COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.: Page 2 of 2

Client Ref. No.: 18-0109US01

Title: OCCLUSIVE MEDICAL DEVICE

***************************************			
Inventor's Signature: _	John Mul Jumes	Date:	11 JUN2019
Full Name of Inventor:	Joshua Mark Inouye		
Inventor's Signature:	D. Mar	Date:	11 Juli 2019
Full Name of Inventor:	David John Onushko		
Inventor's Signature: _		<b>.</b>	// June 2019
Inventor's Signature: _	Cololle Cololles Colored Color	Date:	1/1) JAR
Full Name of Inventor:			
Inventor's Signature: _		Date:	1/ Jul 2019
Full Name of Inventor:	James M. Anderson		

PATENT REEL: 050227 FRAME: 0962

**RECORDED: 08/31/2019**