

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT5791447

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
PETER ALAN JACOBS	08/11/2019
CHAD JOHN KUGLER	09/24/2019
MATTHEW JONATHAN OLSON	10/23/2019
ROSS ARLEN OLSON	08/10/2019
DAVID B. ROBINSON	07/08/2019
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	BRIDGEPOINT MEDICAL, INC.
<b>Street Address:</b>	2800 CAMPUS DRIVE #50
<b>City:</b>	PLYMOUTH
<b>State/Country:</b>	MINNESOTA
<b>Postal Code:</b>	55441
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	14156949
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(612)359-9349
<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>	6126779050
<b>Email:</b>	docketing@stwiplaw.com
<b>Correspondent Name:</b>	SEAGER, TUFTE & WICKHEM LLP
<b>Address Line 1:</b>	100 SOUTH 5TH STREET, SUITE 600
<b>Address Line 4:</b>	MINNEAPOLIS, MINNESOTA 55402
<b>ATTORNEY DOCKET NUMBER:</b>	1001.3059102
<b>NAME OF SUBMITTER:</b>	TRACY L. NATYSIN
<b>SIGNATURE:</b>	/tracy l. natysin/
<b>DATE SIGNED:</b>	10/28/2019
<b>Total Attachments: 6</b>	
source=10013059102_Assignment_10-28-2019#page1.tif	

source=10013059102\_Assignment\_10-28-2019#page2.tif  
source=10013059102\_Assignment\_10-28-2019#page3.tif  
source=10013059102\_Assignment\_10-28-2019#page4.tif  
source=10013059102\_Assignment\_10-28-2019#page5.tif  
source=10013059102\_Assignment\_10-28-2019#page6.tif

# COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:  
1001.3059102

Page 1 of 2

Client Ref. No.: 13-0075US02

Title: METHODS AND DEVICES FOR  
CROSSING CHRONIC TOTAL OCCLUSIONS

## ASSIGNMENT

WHEREAS, we, **PETER ALAN JACOBS, CHAD JOHN KUGLER, MATTHEW JONATHAN OLSON, ROSS ARLEN OLSON and DAVID B. ROBINSON**, have invented certain new and useful improvements as described in U.S. patent application, entitled **METHODS AND DEVICES FOR CROSSING CHRONIC TOTAL OCCLUSIONS**, 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. 14/156,949, filed January 16, 2014 ("Invention"); and

WHEREAS, **BRIDGEPOINT MEDICAL, INC.**, a Corporation of the State of Minnesota, and having an address of 2800 CAMPUS DRIVE #50, PLYMOUTH, MINNESOTA 55441, 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

Attorney Docket No.:  
1001.3059102

Page 2 of 2

Client Ref. No.: 13-0075US02

Title: METHODS AND DEVICES FOR  
CROSSING CHRONIC TOTAL OCCLUSIONS

Inventor's Signature:   
Full Name of Inventor: PETER ALAN JACOBS

Date: 11 Aug 2019

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: CHAD JOHN KUGLER

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: MATTHEW JONATHAN OLSON

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: ROSS ARLEN OLSON

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: DAVID B. ROBINSON

Date: \_\_\_\_\_

# COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:  
1001.3059102

Page 2 of 2

Client Ref. No.: 13-0075US02

Title: METHODS AND DEVICES FOR  
CROSSING CHRONIC TOTAL OCCLUSIONS

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: PETER ALAN JACOBS

Date: \_\_\_\_\_

Inventor's Signature: Chad John Kugler  
Full Name of Inventor: CHAD JOHN KUGLER

Date: 24 SEP 19

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: MATTHEW JONATHAN OLSON

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: ROSS ARLEN OLSON

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: DAVID B. ROBINSON

Date: \_\_\_\_\_

**COMBINED DECLARATION  
& ASSIGNMENT**

Attorney Docket No.:  
1001.3059102

Page 2 of 2

Client Ref. No.: 13-0075US02

Title: METHODS AND DEVICES FOR  
CROSSING CHRONIC TOTAL OCCLUSIONS

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: PETER ALAN JACOBS

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: CHAD JOHN KUGLER

Date: \_\_\_\_\_

Inventor's Signature: Matthew Jonathan Olson  
Full Name of Inventor: MATTHEW JONATHAN OLSON

Date: 10/23/2019

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: ROSS ARLEN OLSON

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: DAVID B. ROBINSON

Date: \_\_\_\_\_

# COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:  
10013059102

Page 2 of 2

Client Ref. No.: 13-0075US02

Title: METHODS AND DEVICES FOR  
CROSSING CHRONIC TOTAL OCCLUSIONS

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: PETER ALAN JACOBS

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: CHAD JOHN KUGLER

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: MATTHEW JONATHAN OLSON

Date: \_\_\_\_\_

Inventor's Signature:  \_\_\_\_\_  
Full Name of Inventor: ROSS ARLEN OLSON

Date: 10 Aug 2019

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: DAVID B. ROBINSON

Date: \_\_\_\_\_

# COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:  
1001.3059102

Page 2 of 2

Client Ref. No.: 13-0075US02

Title: METHODS AND DEVICES FOR  
CROSSING CHRONIC TOTAL OCCLUSIONS

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: PETER ALAN JACOBS

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: CHAD JOHN KUGLER

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: MATTHEW JONATHAN OLSON

Date: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_  
Full Name of Inventor: ROSS ARLEN OLSON

Date: \_\_\_\_\_

Inventor's Signature:  \_\_\_\_\_  
Full Name of Inventor: DAVID B. ROBINSON

Date: 7/8/2019