

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT5948107

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
COLBY HARRIS	11/13/2019
BARRY WEITZNER	11/05/2019
CAROLINA VILLARREAL	11/05/2019
BRIAN LUIS	11/05/2019
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	BOSTON SCIENTIFIC SCIMED, INC.
<b>Street Address:</b>	ONE SCIMED PLACE
<b>City:</b>	MAPLE GROVE
<b>State/Country:</b>	MINNESOTA
<b>Postal Code:</b>	55311
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	29710006
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(919)999-2798
<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>	9196364767
<b>Email:</b>	kkelly@kdbfirm.com, docketing@kdbfirm.com
<b>Correspondent Name:</b>	KACVINSKY DAISAK BLUNI PLLC
<b>Address Line 1:</b>	2601 WESTON PARKWAY, SUITE 103
<b>Address Line 4:</b>	CARY, NORTH CAROLINA 27513
<b>ATTORNEY DOCKET NUMBER:</b>	8150.0669
<b>NAME OF SUBMITTER:</b>	KAYLA KELLY
<b>SIGNATURE:</b>	/KAYLA KELLY/
<b>DATE SIGNED:</b>	02/05/2020
This document serves as an Oath/Declaration (37 CFR 1.63).	
<b>Total Attachments: 4</b>	
source=8150.0669_Fully Executed_Combined Declaration and Assignment#page1.tif	

source=8150.0669\_Fully Executed\_Combined Declaration and Assignment#page2.tif  
source=8150.0669\_Fully Executed\_Combined Declaration and Assignment#page3.tif  
source=8150.0669\_Fully Executed\_Combined Declaration and Assignment#page4.tif

# COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:  
8150.0669

Page 1 of 2

Client Ref. No.: 19-0380DES01

Title: INDICATOR FOR MEDICAL DEVICES

## ASSIGNMENT

WHEREAS, I, **Colby Harris, Barry Weitzner, Carolina Villarreal, and Brian Luis**, have invented certain new and useful improvements as described in U.S. patent application, entitled **INDICATOR FOR MEDICAL DEVICES**, 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. **29/710,006**, filed **October 18, 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, MN 55311-1566, U.S.A. (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 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.:  
8150.0669

Page 2 of 2

Client Ref. No.: 19-0380DES01

Title: INDICATOR FOR MEDICAL DEVICES



Name: Colby Harris

Date: 13 Nov 2019

Name: Barry Weitzner

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

Name: Carolina Villarreal

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

Name: Brian Luis

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

**COMBINED DECLARATION  
& ASSIGNMENT**

Attorney Docket No.:  
8150.0669

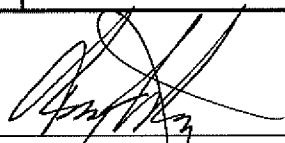
Page 2 of 2

Client Ref. No.: 19-0380DES01

Title: INDICATOR FOR MEDICAL DEVICES

Name: Colby Harris

Date \_\_\_\_\_

  
Name: Barry Weitzner

Date 05 Nov 2019

Name: Carolina Villarreal

Date \_\_\_\_\_

Name: Brian Luis

Date \_\_\_\_\_

**COMBINED DECLARATION  
& ASSIGNMENT**

Attorney Docket No.:  
8150.0669


Page 2 of 2

Client Ref. No.: 19-0380DES01

Title: INDICATOR FOR MEDICAL DEVICES

Name: Colby Harris

Date \_\_\_\_\_

  
Name: Carolina Villarreal

Date NOV 5-2019

Name: Barry Weitzner

Date \_\_\_\_\_

  
Name: Brian Luis

Date NOV 5-2019