

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6494248

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Peter M. Pollak	08/15/2019
Samuel J. Asirvatham	07/24/2019
Charles J. Bruce	08/20/2019
Paul A. Friedman	08/15/2019
RECEIVING PARTY DATA	
Name:	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH
Street Address:	200 FIRST STREET SW
City:	ROCHESTER
State/Country:	MINNESOTA
Postal Code:	55905
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16971373
CORRESPONDENCE DATA	
Fax Number:	(877)769-7945
<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>	
Phone:	(612) 337-2567
Email:	apsi@fr.com
Correspondent Name:	FISH & RICHARDSON P.C.
Address Line 1:	60 SOUTH SIXTH STREET
Address Line 2:	P.O.BOX 1022
Address Line 4:	MINNEAPOLIS, MINNESOTA 55440-1022
ATTORNEY DOCKET NUMBER:	07039-1611US1
NAME OF SUBMITTER:	KARINA SILVERSTEIN
SIGNATURE:	/Karina Silverstein/
DATE SIGNED:	01/13/2021
Total Attachments: 7	
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ASSIGNMENT

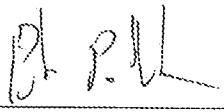
For valuable consideration, the receipt of which we acknowledge, and intending to be bound legally, we, PETER M. POLLAK, SAMUEL J. ASIRVATHAM, CHARLES J. BRUCE, PAUL A. FRIEDMAN, and KALPATHI L. VENKATACHALAM, each individually assign to MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, a corporation formed under the laws of Minnesota and having a principal place of business at 200 First Street SW, Rochester, MN 55905, and its successors, transferees, and assignees (collectively the "Assignee"), all of our individual and joint right, title, and interest throughout the world in the invention(s) (the "Subject Matter") described in a patent application that names us as inventors, is titled "TEMPORARY PACEMAKER SYSTEMS AND DEPLOYMENT SYSTEMS," and was filed in the United States Patent and Trademark Office on February 27, 2019, as application PCT/US2019/019813 (the "Application").

This Assignment assigns, in addition to the Subject Matter of the Application, (a) the Application and all other applications that may be made for, and all patents, utility models, design registrations, and other rights of exclusion and inventors' certificates for, any of the Subject Matter (collectively the "Applications and Granted Rights") in every country or region and under every treaty or convention, (b) the right to claim priority based on and the benefit of the filing date of any of the Applications and Granted Rights under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other applicable treaties or conventions, and (c) the right to pursue, collect, and retain in the Assignee's name or otherwise, damages and any other remedies arising from any past, present, or future infringement of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment.

We authorize the Assignee to apply for and pursue protection for any or all of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment in all countries, regions, and territories of the world, in our names or in the Assignee's name.

We represent and warrant that we have the right and power to make this Assignment and that we have not made and will not make any other assignment that conflicts with this Assignment.

We will communicate to the Assignee (or, at the request of the Assignee to other parties) all known facts in any form relating to the Subject Matter; will execute and provide all oaths and declarations, statements, testimony, assignments, powers of attorney, applications, and documents; and will perform all other lawful acts necessary or desirable to secure fully to the Assignee the rights, titles, and interests assigned by this Assignment.

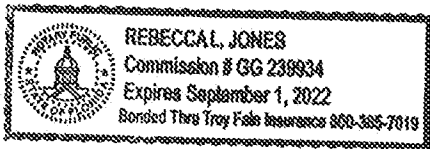


Peter M. Pollak

Date: 8/15/19

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me this 15th day of August, 2019, by
Peter M. Pollak



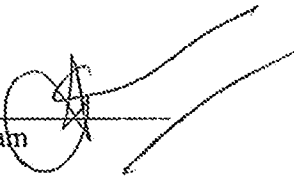


(Signature of Notary Public-State of Florida)

Rebecca L. Jones

(Name of Notary Typed, Printed, or Stamped)

Personally Known X OR Produced Identification _____
Type of Identification Produced _____



Samuel J. Asirvatham

Date: _____

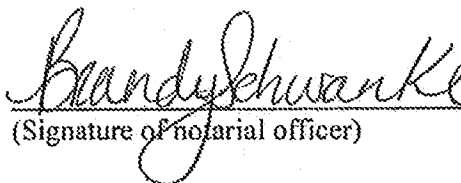
7-24-19

State of Minnesota

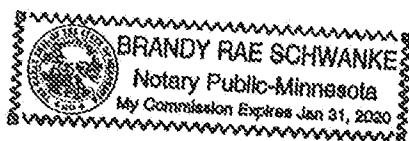
County of Amsted

This instrument was acknowledged before me on 7/24/19 by

Samuel Asirvatham (name(s) of person(s)).



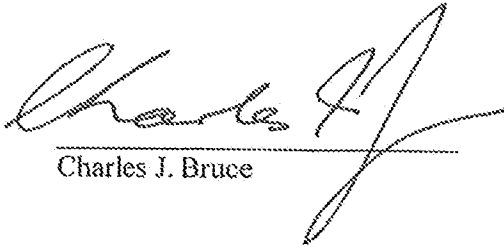
(Signature of notarial officer)



Admin Assistant

Title (and Rank)

My commission expires: 1/31/2020


Charles J. Bruce

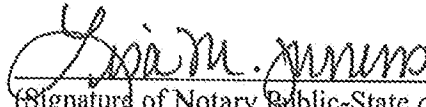
Date: 8/20/19

STATE OF FLORIDA
COUNTY OF Duval

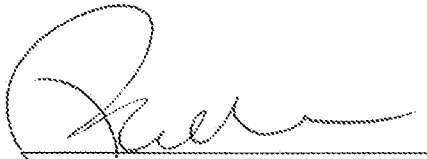
The foregoing instrument was acknowledged before me this 20th day of Aug, 2019, by
Charles J. Bruce



LISA M. JURRENS
MY COMMISSION # FF 916572
EXPIRES: September 9, 2019
Bonded Thru Budget Notary Services


(Signature of Notary Public-State of Florida)
Lisa M. Jurrens
(Name of Notary Typed, Printed, or Stamped)

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced _____

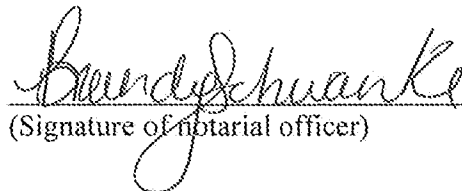

Paul A. Friedman

Date: 8/15/2019

State of Minnesota

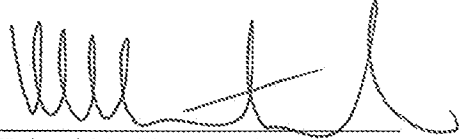
County of Olmsted

This instrument was acknowledged before me on 8/15/19 by
Paul Friedman (name(s) of person(s)).


(Signature of notarial officer)



Admin Assistant
Title (and Rank)
My commission expires: 1/31/2020

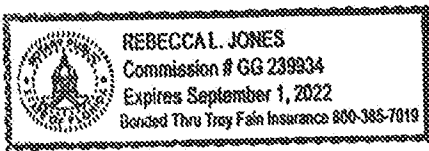


Kalpathi L. Venkatachalam

Date: 7/9/19

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me this 9th day of July, 20 19, by
Kalpathi L. Venkatachalam.


(Signature of Notary Public-State of Florida)

Rebecca L. Jones
(Name of Notary Typed, Printed, or Stamped)

Personally Known X OR Produced Identification _____
Type of Identification Produced _____

The Assignee hereby acknowledges and accepts the foregoing assignment.

Assignee: MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH

Signature: Julie A. Henry Date: Aug 22, 2019

Name: Julie A. Henry

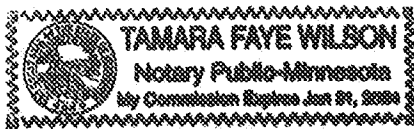
Title: Director, Operations

State of Minnesota

County of Olmsted

This instrument was acknowledged before me on August 22, 2019 by
Julie A. Henry (name(s) of person(s)).

Tamara F. Wilson
(Signature of notarial officer)



Notary
Title (and Rank)
My commission expires: January 31, 2024

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