

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6971751

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
DORON HARLEV	08/09/2010
JUSTIN CALLAWAY	08/24/2010
RECEIVING PARTY DATA	
Name:	RHYTHMIA MEDICAL, INC.
Street Address:	111 S. BEDFORD STREET
Internal Address:	SUITE 205
City:	BURLINGTON
State/Country:	MASSACHUSETTS
Postal Code:	01803
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16046844
CORRESPONDENCE DATA	
Fax Number:	(612)766-1600
<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:	612-766-7267
Email:	shaheen.kasu@faegredrinker.com
Correspondent Name:	FAEGRE DRINKER BIDDLE & REATH LLP
Address Line 1:	90 SOUTH 7TH STREET
Address Line 2:	2200 WELLS FARGO CENTER
Address Line 4:	MINNEAPOLIS, MINNESOTA 55402
ATTORNEY DOCKET NUMBER:	432469.004827
NAME OF SUBMITTER:	SHAHEEN KASU
SIGNATURE:	/Shaheen Kasu/
DATE SIGNED:	10/15/2021
Total Attachments: 5	
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Application Number:	14277122												
CORRESPONDENCE DATA													
Fax Number:													
Phone:	617-542-5070 												
Email:	pxm@fr.com												
<i>Correspondence will be sent via US Mail when the email attempt is unsuccessful.</i>													
Correspondent Name:	TONYA S. DRAKE												
Address Line 1:	P.O. BOX 1022												
Address Line 4:	MINNEAPOLIS, MINNESOTA 55440-1022												
ATTORNEY DOCKET NUMBER:	20240-0017004												
NAME OF SUBMITTER:	PAUL J. MICELE												

PATENT

REEL: 057808 FRAME: 0032

Signature:	/Paul J. Micele/
Date:	05/14/2014
Total Attachments: 3 source=assignment11#page1.tif source=assignment11#page2.tif source=assignment11#page3.tif	
RECEIPT INFORMATION EPAS ID: PAT2854409 Receipt Date: 05/14/2014	

PATENT**REEL: 057808 FRAME: 0033**

ASSIGNMENT

For valuable consideration, we, Doron Harley, of 50 Follen Street, Apt. 511, Cambridge, MA 02138; and Justin Callaway, of 15 Pasture Drive, Goffstown, NH 03045; hereby assign to RHYTHMIA MEDICAL, INC., a corporation of Delaware, having a place of business at 111 S. Bedford Street, Suite 205, Burlington, MA 01803, 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 NON CONTACT MAPPING CATHETER, filed December 28, 2007, and assigned U.S. Serial Number 12/005,975, 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 effectuate fully this assignment.

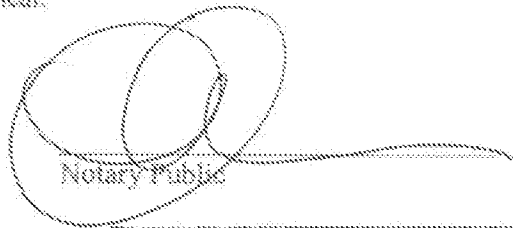
DATE: 24 August 2010

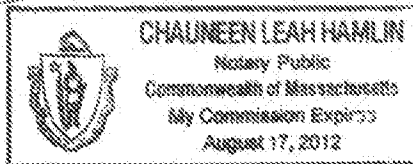

JUSTIN CALLAWAY

STATE OF Massachusetts)
) SS.
COUNTY OF Middlesex)

On August 24, 2010, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared JUSTIN CALLAWAY 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



02468199.docx

DATE:

3/2/2010



DORON HARLEV

STATE OF

Massachusetts

COUNTY OF

Middlesex

SS.

On August 26, 2010, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared DORON HARLEV 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.

