

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT7127683

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the 16/395,431 previously recorded on Reel 057530 Frame 0920. Assignor(s) hereby confirms the 17/448,078.
CONVEYING PARTY DATA	
Name	Execution Date
AMANDA KLINKER	08/24/2021
RECEIVING PARTY DATA	
Name:	BOSTON SCIENTIFIC SCIMED, INC.
Street Address:	ONE SCIMED PLACE
City:	MAPLE GROVE
State/Country:	MINNESOTA
Postal Code:	55311-1566
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	17448078
CORRESPONDENCE DATA	
Fax Number:	
<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>	
Email:	jbrown@bomcip.com
Correspondent Name:	BOOKOFF MCANDREWS PLLC
Address Line 1:	2020 K ST NW
Address Line 4:	WASHINGTON, D.C. 20006
ATTORNEY DOCKET NUMBER:	06530-1139-01000
NAME OF SUBMITTER:	DANIEL H. LEE
SIGNATURE:	/Daniel H. Lee/
DATE SIGNED:	01/19/2022
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 4	
source=2022-01-19 Corrective Assignment 00800760#page1.tif	
source=2022-01-19 Corrective Assignment 00800760#page2.tif	
source=2022-01-19 Corrective Assignment 00800760#page3.tif	
source=2022-01-19 Corrective Assignment 00800760#page4.tif	

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
AMANDA KLINKER	08/24/2021
RECEIVING PARTY DATA	
Name:	BOSTON SCIENTIFIC SCIMED, INC.
Street Address:	ONE SCIMED PLACE
City:	MAPLE GROVE
State/Country:	MINNESOTA
Postal Code:	55311-1566
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16395431
CORRESPONDENCE DATA	
Fax Number:	
Email:	JBROWN@BOMCIP.COM
<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>	
Correspondent Name:	BOOKOFF MCANDREWS PLLC
Address Line 1:	2020 K ST NW
Address Line 4:	WASHINGTON, D.C. 20006
ATTORNEY DOCKET NUMBER:	06530-1139-01000
NAME OF SUBMITTER:	DANIEL H. LEE
Signature:	/Daniel H. Lee/
Date:	09/20/2021
Total Attachments: 2	
source=2021-08-24 EXECUTED Combined Declaration-Assignment 00738734#page1.tif	
source=2021-08-24 EXECUTED Combined Declaration-Assignment 00738734#page2.tif	
RECEIPT INFORMATION	

EPAS ID:

PAT6924616

Receipt Date:

09/20/2021

COMBINED DECLARATION & ASSIGNMENT

Attorney Docket No.:
06530-1139-01000

Page 1 of 2

Client Ref. No.: 20-0175US01

Title: CONNECTED MEDICAL DEVICES

ASSIGNMENT

WHEREAS, I, **Amanda KLINKER**, have invented certain new and useful improvements as described in a U.S. patent application, entitled **CONNECTED MEDICAL DEVICES**, the application being identified in the United States Patent and Trademark Office ("USPTO") by Application No. 17/448,078, filed on September 20, 2021 ("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 applications 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 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 hereby authorize the Assignee (or its designee) to insert into this instrument the application number and filing date when ascertained.

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.:
06530-1139-01000

Page 2 of 2

Client Ref. No.: 20-0175US01

Title: CONNECTED MEDICAL DEVICES

/Amanda Klinker/

Amanda KLINKER

~~1100 Hartford Turnpike, Apt 746~~ 3201 Landover St., Apt 1206

~~Vernon, CT 06066~~ Alexandria, VA 22305

Date 24 Aug 2021