FORM PTO 1594 (Rev. 6-93)

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To the I

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	OMB No. 0
B	
1291	1. Name Mayo Fo 200 First
77	200 Firs

e of conveying party(ies): undation

t Street S.W.

Rochester, Minnesota 55905

□ Individual(s)

□ Association

□ General Partnership

Limited Partnership

□ Corporation-State

□ Other

Additional name(s) of conveying party(ies) attached? ☐ Yes ☑ No

3. Nature of conveyance:

Assignment

□ Merger

□ Security Agreement

□ Change of Name

□ Other

Execution Date: November 9, 1999

Application number(s) or patent number(s):

A. Trademark Application No.(s)

75/616,425 75/532,249 75/624,453

OVER SHEET KS ONLY

U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

ks: Please record the attached original documents or copy thereof.

2. Name and address of receiving party(ies)

Name: Mayo Foundation for Medical Education and

Research

Internal Address:

Street Address: 200 First Street S.W.

City: Rochester State: Minnesota ZIP: 55905

□ Individual(s)

□ Association__

☐ General Partnership

□ Limited Partnership Minnesota

□ Other

If assignee is not domiciled in the United States, a domestic representative designation is attached:

(Designations must be a separate document from Assignment)

Additional name(s) & address(es) attached ☐ Yes ☑ No

B. Trademark Registration No.(s)

Additional numbers attached? □ Yes

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Elizabeth C. Buckingham

Internal Address: Dorsey & Whitney LLP

Street Address: 220 South Sixth Street

City: Minneapolis State: MN ZIP 55402

Total Number of applications and registrations involved:....

Total fee (37 CFR 3.41).....\$ 90.00

Enclosed

Authorized to be charged to deposit account

8. Deposit account number:

04-1420

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Elizabeth C. Buckingham Name of person Signing

Signature Signature

otal number of pages comprising cover sheet:

OMB No. 0651-0011 (exp. 4/94)

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50. Mai plocuments to be recorded with required cover sheet information to:

Commissioner of Patents and Trademarks **Box Assignments**

Washington, D.C. 20231

Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project (0651-0011), Washington, D.C. 20503. TRADEMARK

REEL: 001999 FRAME: 0408

ASSIGNMENT

WHEREAS, MAYO FOUNDATION ("Assignor"), a non-profit corporation of the State of Minnesota, with its principal place of business at 200 First Street S.W., Rochester, Minnesota 55905, has adopted, used, is using, and is the owner of the marks identified in Schedule A (the "Marks");

WHEREAS, MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH ("Assignee"), a non-profit corporation of the State of Minnesota, with its principal place of business at 200 First Street S.W., Rochester, Minnesota 55905, is desirous of acquiring the Marks:

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, said Assignor does hereby assign to said Assignee all right, title, and interest in and to the Marks on a worldwide basis, together with the goodwill of the business related thereto. Such assignment includes all claims for profits and damages and other legal or equitable relief available to Assignor by reason of past and/or current infringement or dilution, deceptive trade practices, or unfair competition involving the Marks.

This assignment shall be effective as of the date written below, shall be binding on the successors and assigns of Assignor and shall inure to the benefit of the successors and assigns of Assignee.

MAYO FOUNDATION

Date: 11 9 9 9

By: M A DCC X

STATE OF MINNESOTA

COUNTY OF <u>Unsted</u>

I, a notary public in and for the county and state aforesaid, do hereby certify that Jill Beed, personally known to me to be the person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she is Assistant Secretary of Mayo Foundation, that she signed, sealed and delivered said instrument as her free and voluntary act and deed for the uses and purpose therein set forth, and that she had full authority in this regard to act on behalf of Mayo Foundation.

) ss

SEAL

DIANE E. DOSE

Notary Public

Minnesota

My Commission Expires Jan. 31, 2005

Diane E. Doe Notary Public

> TRADEMARK REEL: 001999 FRAME: 0409

SCHEDULE A

TRADEMARK	SERIAL NO.	FILING DATE
MAYO CLINIC HEALTH OASIS	75/616,425	January 6, 1999
MAYO CONSERVATIVE HIP PROSTHESIS	75/532,249	August 6, 1998
MAYO OPTICAL	75/624,453	January 20, 1999