

TIS/MADRID ASSIGNMENT

Electronic Version v1.0  
Stylesheet Version v1.0

SUBMISSION TYPE:	NEW ASSIGNMENT	<b>APPLICATION NUMBER</b> <b>79018430</b>										
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL											
CONVEYING PARTY DATA												
<table border="1"><thead><tr><th>Name</th><th>Execution Date</th></tr></thead><tbody><tr><td>Medis Medical Imaging Systems bv</td><td>04/08/2010</td></tr></tbody></table>			Name	Execution Date	Medis Medical Imaging Systems bv	04/08/2010						
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RECEIVING PARTY DATA												
<table border="1"><tr><td>Name:</td><td>Medis Associated B.V.</td></tr><tr><td>Address:</td><td>Schuttersveld 9 NL-2316 XG Leiden</td></tr><tr><td>Country:</td><td>NL</td></tr><tr><td>Entity Type:</td><td>Limited Liability Company under Dutch Law</td></tr><tr><td>Entity Country:</td><td>The Netherlands</td></tr></table>			Name:	Medis Associated B.V.	Address:	Schuttersveld 9 NL-2316 XG Leiden	Country:	NL	Entity Type:	Limited Liability Company under Dutch Law	Entity Country:	The Netherlands
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CORRESPONDENCE DATA												
Correspondent Name:	Medis Associated B.V.											
Address:	Schuttersveld 9 NL-2316 XG Leiden											
Country:	NL											

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