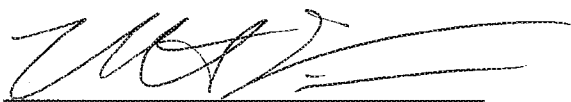


**PATENT COOPERATION TREATY
IN THE RECEIVING OFFICE (RO/US)**

**REQUEST FOR
RECORDING OF CHANGES IN THE
REQUEST
UNDER RULE 92^{BIS}**

To: The International Bureau of WIPO
34, chemin des Colombettes
1211 Geneva 20
Switzerland

VIA FACSIMILE 011 41-22-338-82-70

| | | | |
|--|--|---|--|
| Applicant's or agent's file reference: 1959185.00037 | | Confirmation No. 7392 | |
| International application No. <i>(if known)</i> PCT/US2018/021614 | <i>International Filing date (day/month/year)(if known)</i> 8 March 2018 | <i>(Earliest) Priority date (day/month/year)</i> 9 March 2017 | |
| Applicant: CathWorks Ltd. | | | |
| Title of invention: SHELL-CONSTRAINED LOCALIZATION OF VASCULATURE | | | |
| <p>Dear Sir/Madam:</p> <p>Applicant hereby requests recordation of a change in the Request –Box II in the above-captioned application. Specifically, Applicant requests that their name be updated to "CathWorks Ltd," as well as update their address. Attached please find a Replacement Sheet showing these changes. Pursuant to the provisions of Rule 92^{bis} 1(a)(b), this request is timely submitted before the 30 month time limit.</p> <p>No fee is believed due with this filing but if any fee is required, the Commissioner is authorized to charge fee to Deposit Account No. 021818.</p> <p>If you have any questions, please feel free to contact me. Thank you for your assistance in this matter.</p> <p style="text-align: right;">Respectfully submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">/<u>Robert W. Winn</u>/ Robert W. Winn Reg. No. 61,304</p> | | | |

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 1959185.00037

| | |
|--|---|
| Box No. I TITLE OF INVENTION | |
| SHELL-CONSTRAINED LOCALIZATION OF VASCULATURE | |
| Box No. II APPLICANT <input type="checkbox"/> This person is also inventor | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) CathWorks LTD. 3 Rapaport Kfar Saba 4465141 ISRAEL | Telephone No. |
| | Facsimile No. |
| | Applicant's registration No. with the Office |
| E-mail authorization: Marking one of the check-boxes below authorizes the receiving Office, the International Searching Authority, the International Bureau and the International Preliminary Examining Authority to use the e-mail address indicated in this Box to send, notifications issued in respect of this international application to that e-mail address if those offices are willing to do so. <input type="checkbox"/> as advance copies followed by paper notifications; or <input type="checkbox"/> exclusively in electronic form (no paper notifications will be sent). E-mail address: | |
| State (that is, country) of nationality: US | State (that is, country) of residence: US |
| This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> the States indicated in the Supplemental Box | |
| Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) | |
| <input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet. | |
| Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE | |
| The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) CULLMAN, Louis C. K&L Gates LLP 1 Park Plaza Twelfth Floor Irvine, CA 92604 U.S.A. | Telephone No. 949-253-0900 |
| | Facsimile No. 949-253-0902 |
| | Agent's registration No. with the Office 39645 |
| E-mail authorization: Marking one of the check-boxes below authorizes the receiving Office, the International Searching Authority, the International Bureau and the International Preliminary Examining Authority to use the e-mail address indicated in this Box to send, notifications issued in respect of this international application to that e-mail address if those offices are willing to do so. <input type="checkbox"/> as advance copies followed by paper notifications; or <input checked="" type="checkbox"/> exclusively in electronic form (no paper notifications will be sent). E-mail address: OCPatents@kigates.com | |
| <input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent. | |