1 UNITED STATES PATENT AND TRADEMARK OFFICE

2 BEFORE THE PATENT TRIAL AND APPEAL BOARD

3 - - - - - - - - - - - - x

4 AVANOS MEDICAL, INC., : Case IPR2024-01209

5 Petitioner, : IPR2024-01210, IPR2024-01211

6 v. : IPR2024-01212

7 STRATUS MEDICAL, LLC, : U.S. Patent Nos. 10,966,782,

8 Patent Owner. : 10,736,688, 10,952,664

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13 Deposition of MARK A. KONNO

14 Conducted Remotely

15 Friday, September 19, 2025

16 1:57 p.m. Eastern Standard Time

17

18

19

20 Job No. 600610

21 Pages: 1 - 41

22 Reported by: Janet A. Hamilton, RDR

1 Deposition of MARK A. KONNO, held
2 remotely:
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10 Pursuant to Notice, before Janet A.
11 Hamilton, Registered Diplomate Reporter and Notary
12 Public in and for the State of Maryland.
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22

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1 A P P E A R A N C E S
2 ON BEHALF OF THE PETITIONER:
3 CHRISTOPHER KELLY, ESQUIRE
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19 ALSO PRESENT:
20 SPENCER MOTAMEDY, Remote Technician
21 EMIL WHITE, Remote Technician (Shadow)
22

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C O N T E N T S

EXAMINATION OF MARK A. KONNO PAGE
By Mr. Laurence 5

E X H I B I T S

(Pre-marked and Attached to the transcript)

KONNO DEPOSITION
Exhibit 1043 7
Declaration of Mark A. Konno
Exhibit 2039 38
Declaration of Cody Jorgensen
Exhibit A 14
Press Release

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1 P R O C E E D I N G S
2 -----
3 MARK A. KONNO,
4 a witness herein, being duly sworn, testified as
5 follows:
6 EXAMINATION BY COUNSEL FOR THE PATENT OWNER
7 BY MR. LAURENCE:
8 Q Hi. My name is Kevin Laurence. I'll be
9 conducting the deposition.
10 Oh sorry. I'm jumping the gun. Are we
11 ready to go?
12 THE REPORTER: Sure.
13 Q Could you help us with the pronunciation
14 of your surname? Is it Konno, or did I get that
15 wrong?
16 A No. You got that right.
17 Q Okay. And could you please state your
18 full name for the record?
19 A Mark A. Konno.
20 Q Is there any reason you cannot competently
21 testify today?
22 A No.

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1 Q You've been placed under oath. So do you
2 understand that you must give truthful and
3 complete answers to my questions?
4 A Yes.
5 Q And Mr. Chris Kelly is defending you. He
6 has the right to make short, non-suggestive
7 objections for the record to any of my questions,
8 but do you understand that you still need to
9 answer my questions unless you are instructed not
10 to do so by Mr. Kelly?
11 A Yes.
12 Q If you answer my question, I will assume
13 that you've understood it. Is that fair?
14 A Yes.
15 Q And where are you physically located
16 today?
17 A In Orange County, California.
18 Q Okay. And you're in a room by yourself;
19 is that correct?
20 A Yes.
21 Q Do you have any documents with you?
22 A No.

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1 MR. LAURENCE: Okay. Let me ask the
2 remote tech, Mr. Motamedy, if he could open up a
3 copy of your declaration which is Exhibit 1043 in
4 this proceeding, which is an IPR.
5 (Deposition Exhibit 1043 was introduced
6 for identification.)
7 Q Are you familiar with what an IPR is?
8 A No.
9 Q Have you ever been deposed before?
10 A Yes.
11 Q How many times?
12 A Two or three.
13 Q Were any of those cases patent cases?
14 A No.
15 Q How were you retained to assist in this
16 proceeding?
17 A I was reached out for -- through LinkedIn.
18 Q Okay. Do you work with an expert agency?
19 A No.
20 Q Have you ever worked with a company in the
21 RF neurotomy market?
22 MR. KELLY: Objection. Form.

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1 A No.
2 Q Were you familiar with the RF neurotomy
3 market prior to being retained to assist in this
4 matter?
5 MR. KELLY: Same objection.
6 A No.
7 Q Did you author your declaration by
8 exchanging versions with attorneys representing
9 Avanos?
10 A Can you repeat that question again?
11 Q Did you author your declaration by a
12 process involving exchange of versions with
13 attorneys representing Avanos?
14 MR. KELLY: Objection to form.
15 A Does that mean -- I'm not sure I
16 understand what that means.
17 Q Well, how about I take a different
18 approach.
19 Could you describe the process of writing
20 this declaration?
21 A The first Jorgensen document was sent to
22 me. I reviewed it, had a discussion with the

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1 Avanos attorneys. They drafted a document based
2 upon my input. I then reviewed it. It went back
3 and forth a few times, and then it was finalized.
4 Q Okay. Are there any errors in your
5 declaration that you would like to correct?
6 A No.
7 Q So I don't have a copy of your curriculum
8 vitae. It wasn't attached to your declaration.
9 So I'll ask some questions that you might think I
10 should already understand, but I'd like to go over
11 a little bit of your work history.
12 In paragraph 3 and 4 and 5 of your
13 declaration you talk about your work history. Is
14 it correct that you started working with Edwards
15 Lifesciences and predecessor companies straight
16 out of college?
17 MR. KELLY: Objection. Form.
18 A Yes.
19 Q I didn't -- I couldn't make out an answer
20 on that. Did you respond?
21 A Yes. I said yes.
22 Q Oh, okay. And what areas of technology

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1 did you work in during the first 20 years or so of
2 your career?
3 A Mainly in pulmonary artery catheters,
4 cardiac output, cardiac monitoring.
5 Q Okay. And then in this, if we could
6 describe that as the first half of your career,
7 what about the second half of your career at
8 Edwards?
9 A Worked in artificial heart valves as well
10 as noninvasive technology for blood pressure.
11 Q And did the technological focus change at
12 all with the corporate changes with Baxter?
13 A I'm not sure I understand that question.
14 Q Did your technological focus within your
15 roles in the company, did the technology that you
16 were dealing with change when there were corporate
17 changes, for example, when Edwards acquired
18 Baxter?
19 MR. KELLY: Objection to form.
20 A No. Edwards did not acquire Baxter.
21 Baxter acquired American Hospital Supply.
22 Q Ah, okay. So did that have any impact on

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1 the technological focus of your job?
2 A Not really.
3 Q Okay. And have you retired from working
4 at Edwards?
5 THE REPORTER: I'm sorry?
6 A Yes.
7 Q And when did you retire?
8 THE REPORTER: I'm sorry?
9 A Two years ago.
10 Q 2022?
11 A That's correct.
12 Q And what was your last role with Edwards
13 Lifesciences?
14 A I was involved in doing due diligence on
15 companies.
16 Q Okay. And did that facilitate a
17 transition to new roles after your retirement?
18 MR. KELLY: Objection to form.
19 A I'm not sure I understand that question.
20 Q What have you focused on professionally
21 since retiring?
22 A I do consulting work for various startups

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1 as well as board positions.
2 Q Can you tell us some of the startups that
3 you're affiliated with?
4 A My agreements don't really allow me to
5 name names.
6 Q Okay. Can you describe some of the
7 companies in terms of size of sales? What types
8 of companies are these?
9 A These are mostly startups, and so their
10 sales are less than $10 million.
11 Q Okay. Any that have no income?
12 A Yes.
13 Q So sort of the full range of startups? Is
14 that a correct characterization?
15 A I'm not so sure about the full range, but
16 zero to $10 million is the range.
17 Q Okay. And none of these companies relate
18 to RF neurotomy; is that correct?
19 A That is correct.
20 Q And when you retired, what was the market
21 cap for Edwards Lifesciences?
22 A I believe it was near several billion,

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1 maybe 10.
2 Q One more time?
3 A Maybe 10 billion.
4 Q And do you know what it is now?
5 A I do not.
6 Q In paragraph 3 of your declaration you
7 indicate that you served as the R&D leader for
8 both critical care and surgical heart valve
9 businesses. Was that -- were you in those roles
10 simultaneously or at different times?
11 A Different times.
12 Q And were you always the VP of one of those
13 two during that 22-year period?
14 A Yes.
15 Q Was that "yes"?
16 A Yes.
17 Q In that same paragraph you mention that
18 you served for two years in a role with a company
19 in the Netherlands; is that correct?
20 A That's correct.
21 Q And is it BMEYE?
22 A Yes.

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1 Q Is that yes?
2 A Yes.
3 Q And so when you were at that company, you
4 were also a VP in one of those business units?
5 A Yes.
6 Q That's "yes"?
7 A Yes.
8 Q Sorry. The connectivity is not great
9 somewhere.
10 Can you share any additional information
11 about that role?
12 MR. KELLY: Objection to form.
13 Q The role that you had at BMEYE.
14 MR. KELLY: Same objection.
15 A I was the on-site manager of that facility
16 and the people there.
17 Q And was the company a startup that was
18 acquired by Edwards Lifesciences?
19 A Yes.
20 Q We have a press release that describes
21 this company. If Mr. Motamedy could pull that up.
22 (Deposition Exhibit A was introduced for

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1 identification.)
2 Q Have you ever seen this document before?
3 A Can he blow that up a little bit more?
4 Yes.
5 Q Do you want to take a minute to read it?
6 A If you're going to ask me questions
7 specifically about this, then yes, I'd like to
8 read it.
9 Can you scroll up? Can you scroll up?
10 Can you scroll up? That's fine.
11 Q Okay. So you're comfortable with the
12 content of the document?
13 A Mm-hmm. Yes.
14 Q So if Mr. Motamedy could go to the second
15 page, the paragraph that starts -- I'll read the
16 paragraph. "The purchase price was 32.5 million
17 euros, approximately 42 million. Edwards expects
18 the next earnings impact from this transaction to
19 be immaterial in 2012 and slightly dilutive in
20 2013."
21 Without sharing any confidential
22 information of Edwards Lifesciences, can you

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1 expand on, on what the press release is indicating
2 in the two sentences that I just read?
3 MR. KELLY: Objection to form and outside
4 the scope.
5 A It's basically saying that the investment
6 in the opportunity is going to be dilutive because
7 the spend and the sales don't match up with a
8 positive revenue.
9 Q What types of factors in terms of income
10 from a company are relevant for making a decision
11 to make an investment like this for Edwards
12 Lifesciences?
13 MR. KELLY: Objection to form and outside
14 the scope.
15 A It's more than just revenue that goes into
16 a decision like this.
17 Q What are some of those factors?
18 MR. KELLY: Same objections.
19 A Personnel, experience, whether it fits in
20 with your current portfolio or not. There are
21 many items that go into that decision.
22 Q In terms of revenue what multiplier would

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1 you consider to be relevant for making a
2 recommendation to make an investment?
3 MR. KELLY: Objection, form. Outside the
4 scope.
5 A Usually we don't look at it just in terms
6 of a multiplier of revenue.
7 Q Okay. And I don't think I quite fully
8 appreciated what some of those other factors were.
9 Could you continue elaborating on what other
10 considerations would drive an investment of this
11 size, $42 million?
12 MR. KELLY: Objection to form. Outside
13 the scope.
14 A Would be the patent protection portfolio.
15 It would be the operational facilities, whether
16 you could build it or not. There are sales force
17 and there are marketing ability. There are
18 technical abilities.
19 Q And when did you move to the Netherlands
20 to have that role with this acquisition that we
21 talked about earlier?
22 A In 2012.

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1 Q And, and then you returned to the United
2 States in 2014?
3 A Yes.
4 Q And how did the acquisition work out for
5 Edwards Lifesciences?
6 MR. KELLY: Objection to form. Outside
7 the scope.
8 A They're still selling it today.
9 Q What was the technological focus of the
10 company?
11 MR. KELLY: Objection to form. Outside
12 the scope.
13 A Which one?
14 Q What was the technological focus of BMEYE?
15 MR. KELLY: Same objections.
16 A Noninvasive continuous blood pressure.
17 Q If we could go back to -- we can go ahead
18 and close that document and go to the declaration
19 of Mr. Konno.
20 So in that paragraph 3 you reference your
21 role as the VP for critical care and surgical
22 heart valve businesses. Can you describe the

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1 market for critical care in terms of the main
2 competitors to Edwards Lifesciences?
3 MR. KELLY: Objection to form. Outside
4 the scope.
5 A Our competitors for critical care may have
6 been a bit different than the ones for Edwards
7 Lifesciences. So can you --
8 Q No. Who were the competitors for Edwards
9 Lifesciences in the critical care space during
10 your tenure?
11 MR. KELLY: Objection to form. Outside
12 the scope.
13 A That would primarily have been Abbott.
14 Q And is it a market where each has 50
15 percent?
16 A No.
17 Q Can you characterize the market split?
18 MR. KELLY: Objection to form. Outside
19 the scope.
20 A Critical care had a majority of the
21 market.
22 Q Edwards Lifesciences had majority of the

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1 market?
2 A Yes.
3 Q And was that true during the 22 years that
4 you served as the VP?
5 MR. KELLY: Objection to form. Outside
6 the scope.
7 A Yes.
8 Q And about how big is the market for
9 critical care?
10 MR. KELLY: Objection to form. Outside
11 the scope.
12 A It was roughly about 800 million.
13 Q And how large was the market for the
14 surgical heart valve business?
15 MR. KELLY: Objection to form. Outside
16 the scope.
17 A It was roughly the same.
18 Q And what percentage of the market for each
19 of those do you think Edwards Lifesciences had?
20 MR. KELLY: Objection to form. Outside
21 the scope.
22 A Roughly 75 percent.

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1 Q And how much was Abbott's share of each of
2 those markets?
3 MR. KELLY: Objection to form. Outside
4 the scope.
5 A Abbott did not have a share of the
6 surgical heart valve business.
7 Q Okay. So critical care, what was the
8 Abbott share?
9 MR. KELLY: Objection to form. Outside
10 the scope.
11 A Roughly about 20 percent.
12 Q Were there other players that had the 5
13 percent?
14 MR. KELLY: Objection, form. Outside the
15 scope.
16 A There were small companies that had
17 various components of the critical care business.
18 Q Can you share the names of some of those?
19 A For instance, ICU Medical had a share of
20 the disposable pressure transducer business.
21 Q So other than Edwards Lifesciences and
22 Abbott -- excuse me. Strike that.

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1 So is it correct to say that Edwards
2 Lifesciences and Abbott had 95 percent of the
3 market for critical care?
4 MR. KELLY: Objection to form. Outside
5 the scope.
6 A Those are numbers I believe to be correct.
7 Q And the others such as -- help me with the
8 name you shared -- IC --
9 A ICU Medical.
10 Q ICU Medical, they shared 40 million
11 dollars of market; is that correct?
12 MR. KELLY: Objection to form. Outside
13 the scope.
14 A No. I'm not sure about that number.
15 Q Okay. Well, 5 percent of 800 million is
16 40 million.
17 A Roughly, but they didn't have all of that
18 market share for that -- for the entire business.
19 Q And the domination by Edwards Lifesciences
20 and Abbott at 95 percent, was that fairly
21 consistent throughout that 22-year period?
22 MR. KELLY: Objection to form. Outside

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1 the scope.
2 A It was declining in that space.
3 Q I'm not understanding what you mean. Can
4 you elaborate?
5 MR. KELLY: Same objections.
6 A Their market share --
7 MR. KELLY: Go ahead.
8 MR. LAURENCE: I'm sorry. Chris, did you
9 get your objection in?
10 MR. KELLY: Yeah. I stated the objection,
11 then I told mark he could proceed to answer.
12 MR. LAURENCE: Okay. I didn't understand
13 his answer.
14 MR. KELLY: You can repeat your answer,
15 Mark.
16 A Abbott's market share was declining over
17 that period of time.
18 Q Okay. Did you focus primarily on Abbott
19 and not on the smaller competitors?
20 MR. KELLY: Objection to form. Outside
21 the scope.
22 A The different product lines we would focus

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1 on Abbott, and then some other ones we would focus
2 on ICU Medical.
3 Q Okay. What drove the interest in a small
4 entity like BMEYE?
5 MR. KELLY: Objection, form. Outside the
6 scope. Mark, I'd also caution you not to reveal
7 any confidential information that you're not at
8 liberty to disclose.
9 Q Let me rephrase the question.
10 Was BMEYE one of the companies in that 5
11 percent?
12 MR. KELLY: Same objections.
13 A Not really.
14 Q Where were they positioned in the market?
15 Were they not in critical care?
16 A Their numbers were extremely small. So I
17 guess if you wanted to say were they at, like .1
18 percent or .2 percent, then that would be fair.
19 Q Okay. But based on the fact that an
20 acquisition was made, is it fair without revealing
21 any confidential information that there was some
22 strategic value that merited moving forward with

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1 the acquisition?
2 MR. KELLY: Objection to form. Outside
3 the scope.
4 A Yes.
5 Q I'm sorry. I didn't catch your response.
6 A Yes.
7 Q Okay. Is the surgical heart valve
8 business -- can you describe the nature of that
9 market? Is it -- what I mean by that is, is a
10 two-player market like critical care with smaller
11 players in a, or -- strike that.
12 Could you -- could you describe the
13 surgical heart valve business in terms of market
14 shares of competitors?
15 MR. KELLY: Objection to form. Outside
16 the scope.
17 A There are probably two or three
18 competitors in the surgical heart valve business.
19 Q And what are -- who are they?
20 MR. KELLY: Same objections.
21 A Medtronic would probably be the largest of
22 them.

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1 Q And which is the second largest?
2 A I don't recall specifically who they were,
3 but Medtronic was the largest of them.
4 Q And approximately what was the combined
5 market share of Edwards and Medtronic?
6 MR. KELLY: Objection to form. Outside
7 the scope.
8 A It would be the majority market share.
9 Q So more than 50?
10 A Yes.
11 Q And 90 percent?
12 A Probably too high.
13 Q Okay. Would you describe the critical
14 care market -- excuse me. Would you describe the
15 surgical heart valve business as being more
16 fractured than the critical care in terms of
17 competitors?
18 MR. KELLY: Objection to form. Outside
19 the scope.
20 A I'm not sure I understand what the word
21 "fracture" means.
22 Q Okay. That's fair. More players in the

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1 market?
2 MR. KELLY: Objection to form. Outside
3 the scope.
4 A No.
5 Q Okay. In paragraph 3 of your declaration
6 you reference producing double digit growth for
7 those divisions. How many years did it take to
8 achieve double digit growth in each?
9 MR. KELLY: Objection to form.
10 A It was very quick.
11 Q And can you describe the changes in your
12 market share based on this double digit growth?
13 MR. KELLY: Objection to form.
14 A As I stated previously, Abbott's shares
15 were declining. Medtronic's shares were also
16 declining.
17 Q And what do you attribute the success to?
18 MR. KELLY: Objection to form.
19 A Ablative products in the larger portfolio.
20 Q What do you mean by larger portfolio?
21 A More products.
22 Q How does that help to have more products?

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1 MR. KELLY: Objection to form.
2 A A market requires different disease states
3 in those, in those markets, and so if you have
4 products that could specifically address those
5 disease states, then you basically would get more
6 sales.
7 Q So is there -- is it fair to say there's
8 some advantage to being a large company that has
9 multiple products versus, say, a niche player that
10 has a single product?
11 MR. KELLY: Objection to form.
12 A Yes.
13 Q I'm sorry?
14 A Yes.
15 Q Is it fair to say that you oversaw the
16 acquisition of several companies while you were at
17 Edwards Lifesciences?
18 A Yes.
19 Q Do you know about how many companies?
20 A I believe it was listed there. Maybe
21 four, five.
22 Q Can you give us a range of company values

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for the ones that you oversaw?

MR. KELLY: Objection. Outside the scope. Also, Mark, I'd caution you not to reveal confidential information.

A I'm not sure I understand what "value" means.

Q Well, for example, BMEYE identifies a particular purchase amount. Is that -- is that a typical size for the companies that you oversaw?

MR. KELLY: Objection to form.

A Are you -- I guess I'm still not understanding the question. Are you saying were all of them about the same purchase price?

Q Yes.

A Or are you saying --

Q Yes.

A No.

Q So a broad spectrum? Did you oversee acquisitions of companies with a broad spectrum of values?

MR. KELLY: Objection to form.

A Yes.

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1 Q And were any lower than BMEYE?
2 MR. KELLY: Same objection.
3 A Yes.
4 Q For the companies that were acquired, were
5 they in different market sectors?
6 A Yes.
7 Q What umbrellas would -- of technology --
8 what technological umbrella term could you use to
9 describe the sectors that they were in? For
10 example, critical care, heart valve?
11 A Yeah, I don't understand the question.
12 Q Sorry. For the companies that were
13 acquired under your supervision, what, broadly
14 speaking, was the technological focus of the
15 companies that were acquired?
16 A I don't understand how I can answer that.
17 Q Is it correct to say that you oversaw the
18 acquisition of four companies?
19 A Yes.
20 Q Can you describe what areas of technology
21 the four companies were involved in?
22 A They all have different areas.

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1 Q Did any of them relate to heart valves?
2 A Yes.
3 Q Did any relate to critical care?
4 A Yes.
5 Q What would you guess was the lowest
6 purchase price that you oversaw?
7 MR. KELLY: Objection to form. Outside
8 the scope.
9 A Approximately 20 million.
10 Q Did any of the companies -- were any of
11 the companies so early stage that they didn't have
12 a product that was being sold?
13 A Yes.
14 Q Have you ever overseen the acquisition of
15 a company that was not initially profitable?
16 A Yes.
17 Q What was the lowest market share of any of
18 the companies that were acquired?
19 MR. KELLY: Objection, form. Outside the
20 scope.
21 Q Is it fair to say that at least one of
22 them had zero percent market share --

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1 MR. KELLY: Same objections.
2 Q -- when acquired?
3 A Well, if they didn't have any sales, then
4 I guess you would say that they had zero market
5 share.
6 MR. LAURENCE: If Mr. Motamedy could turn
7 to paragraphs 16, 17 and 18 of the declaration of
8 Mr. Konno.
9 REMOTE TECHNICIAN: Please stand by.
10 Q In the chart, the table that's displayed
11 on page 7 in paragraph 16, can you see that?
12 A Can he blow that up? Yes.
13 Q In the third column you have revenue
14 growth over prior year listed. Do you see that?
15 A Yes.
16 Q If you were to take an average of the
17 numbers in that column, is it fair to say that
18 Stratus's revenue growth grew year over year by
19 [redacted] during 2020 to 2024 --
20 MR. KELLY: Objection to form.
21 Q -- each year?
22 A Do you mean average?

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1 Q Yes.
2 A Yes.
3 Q And if Stratus had revenue growth that was
4 double such that it grew by [redacted] a year,
5 would you consider that successful?
6 MR. KELLY: Objection to form.
7 A Not necessarily.
8 Q How about [redacted]?
9 MR. KELLY: Same objection.
10 A Again, I would basically be looking for it
11 to be growing that much every year.
12 Q Okay.
13 A So the way you depicted it, it would have
14 been [redacted],
15 like that.
16 Q So are you saying that you would need to
17 see [redacted] revenue growth every year?
18 A I don't know if it's [redacted], but it's
19 going to be something that continues to
20 accelerate.
21 Q In paragraph 15 you indicate that sales of
22 [redacted] in a market that's 95 million is

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1 not -- is insignificant. What would you -- what
2 would you consider to be significant?
3 MR. KELLY: Objection to form.
4 A It would say something more in the range
5 of [redacted].
6 Q And have you ever invested in a market as
7 small as 95 million in terms of your roles at
8 Edwards Lifesciences?
9 MR. KELLY: Objection. Outside the scope.
10 A No.
11 Q I'm sorry?
12 A No.
13 Q What was the smallest market that you've
14 ever been involved with in a role where you were
15 advising regarding acquisitions? Is it 800
16 million?
17 MR. KELLY: Objection to form.
18 A That's hard to say when you're trying to
19 connect the dots with a strategically important
20 acquisition.
21 Q What's your best guess of the smallest
22 market that you have focused on?

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1 MR. KELLY: Objection to form.
2 A My opinion on that is roughly, I don't
3 know, 250 million, 300.
4 MR. LAURENCE: Let's go off the record for
5 a minute.
6 (A discussion was held off the record.)
7 (A recess was taken.)
8 BY MR. LAURENCE:
9 Q Mr. Konno, just want to follow up on two
10 topics that we already discussed but I want to
11 make sure I understood your answers correctly.
12 In paragraph 15 of your declaration where
13 you say that sales of [redacted] are almost
14 categorically insignificant, and this is
15 especially true where the total market opportunity
16 appears to be at least 95 million, am I correct
17 that you said [redacted] is the amount that you
18 would consider to be significant?
19 A Yes.
20 Q So for a 95 million dollar market at [redacted]
21 [redacted], sales of [redacted] would be
22 significant?

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1 MR. KELLY: Objection to form.
2 Q I'm sorry. The answer was?
3 A Roughly.
4 Q And would your analysis be different for a
5 market that was ten times bigger, a billion dollar
6 market?
7 MR. KELLY: Objection to form.
8 A Potentially.
9 THE REPORTER: I'm sorry?
10 Q I'm sorry?
11 A Potentially it would be.
12 Q I still couldn't understand.
13 A That it could be different for the market
14 that's a billion dollars.
15 Q So your -- the factors are the percentage
16 and the size of the market?
17 MR. KELLY: Objection to form.
18 A Yes.
19 Q And what would you consider to be
20 successful in a billion dollar market?
21 MR. KELLY: Objection to form.
22 A I would also want to be looking at whether

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1 or not that market was growing and not stagnant.
2 Q How does that impact your analysis?
3 A Your percentage of the market is larger
4 than the market -- rate that the market's growing,
5 then that has a different connotation than if it's
6 a stagnant market and you just need a straight
7 percentage.
8 Q Okay. If we could go to that table on the
9 next page, on page 7 in paragraph 16.
10 Did I correctly understand your answer
11 regarding the revenue growth over the prior year
12 to be that you would consider it to be successful
13 if you saw a [redacted] increase in 2021 and
14 then a [redacted] increase in 2022 and a [redacted]
15 [redacted] increase in 2023 and a, followed by
16 a [redacted] increase in 2024?
17 A It would be significant.
18 Q Is there a bottom range of a lesser amount
19 that would still be significant?
20 A I don't know --
21 MR. KELLY: Objection to form.
22 A -- if I have an answer for that.

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1 Q Okay. Could we pull up the Jorgensen
2 declaration?
3 REMOTE TECHNICIAN: Stand by. One moment.
4 (Deposition Exhibit 2039 was introduced
5 for identification.)
6 Q And if we could go to paragraph 27 on page
7 11. Would you take a minute and read that,
8 Mr. Konno.
9 A Can you scroll up? Okay.
10 Q Were you familiar with the content of that
11 paragraph 27 already?
12 A Yes.
13 Q Without addressing any particular company
14 or any specific anecdote, is this -- does the
15 content in this paragraph reflect practices that
16 you have heard about?
17 MR. KELLY: Objection to form.
18 A Resonates -- it resonates with me.
19 Q So in other words, it rings true?
20 MR. KELLY: Objection to form.
21 Mischaracterizes testimony.
22 A I don't know if it's true or not, but it

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1 definitely could happen.
2 MR. LAURENCE: Okay. No further
3 questions.
4 MR. KELLY: Okay. Kevin, we'll take a
5 break and then maybe come back in ten minutes.
6 MR. LAURENCE: Okay.
7 (A discussion was held off the record.)
8 (A recess was taken)
9 MR. KELLY: All right. Thank you for your
10 time, Mr. Konno. We have no further questions
11 either. Thank you.
12 THE REPORTER: Did you want a copy of the
13 transcript, Mr. Kelly?
14 MR. KELLY: We do not need a copy, no.
15 THE REPORTER: Thank you.
16 MR. LAURENCE: Well, thank you everyone.
17 (Off the record at 3:25 p.m.)
18
19
20
21
22

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1 CERTIFICATE OF SHORTHAND REPORTER-NOTARY PUBLIC.
2
3 I, Janet A. Hamilton, Registered Diplomate
4 Reporter and Notary Public within and for the
5 District of Columbia do hereby certify:
6 That MARK A. KONNO, the witness whose
7 deposition is hereinbefore set forth, was duly
8 sworn by me before the commencement of such
9 deposition and that such deposition was taken
10 before me and is a true record of the testimony
11 given by such witness.
12 I further certify that the adverse party,
13 AVANOS MEDICAL, INC., was represented by counsel
14 at the deposition.
15 I further certify that the deposition of MARK
16 A. KONNO, occurred remotely on Friday, September
17 19, 2025, commencing at 1:57 p.m. to 3:25 p.m.
18 Eastern Standard Time.
19 I further certify the inspection, reading and
20 signing of said deposition was not discussed on
21 the record.
22 I further certify that I am not related to any

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of the parties to this action by blood or marriage, I am not employed by or an attorney to any of the parties to this action, and that I am in no way interested, financially or otherwise, in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my hand this 22nd day of September, 2025.

My commission expires:
February 4, 2028
STATE OF MARYLAND

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No. 600610

Re: Deposition of **Mark A. Konno**
Date: 9/19/2025
Case: Avanos Medical, Inc. -v- Stratus Medical, LLC (PTAB)
Return to: transcripts@planetdepos.com

Page	Line	Correction/Change and Reason
27	19	"Ablative products in the larger portfolio" should instead read "Innovative
		products and a larger portfolio."

9/26/2025
(Date)

/Mark A Konno/
(Signature)

No. 600610

Re: Deposition of **Mark A. Konno**
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Case: Avanos Medical, Inc. -v- Stratus Medical, LLC (PTAB)
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ACKNOWLEDGMENT OF DEPONENT

I, Mark A. Konno, do hereby acknowledge that I have read and examined the foregoing testimony, and the same is a true, correct and complete transcription of the testimony given by me and any corrections appear on the attached Errata sheet signed by me.

9/26/2025 /Mark A Konno/

(Date) (Signature)

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