

PATENT ASSIGNMENT

Electronic Version v1.1

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SUBMISSION TYPE:	NEW ASSIGNMENT										
NATURE OF CONVEYANCE:	ASSIGNMENT										
CONVEYING PARTY DATA											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Execution Date</th> </tr> </thead> <tbody> <tr> <td>John Yorkston</td> <td>05/27/2010</td> </tr> <tr> <td>Robert Asento</td> <td>06/04/2010</td> </tr> <tr> <td>Jeffrey H. Siewerdsen</td> <td>05/25/2010</td> </tr> <tr> <td>David H. Foos</td> <td>06/02/2010</td> </tr> </tbody> </table>		Name	Execution Date	John Yorkston	05/27/2010	Robert Asento	06/04/2010	Jeffrey H. Siewerdsen	05/25/2010	David H. Foos	06/02/2010
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td>Carestream Health, Inc.</td> </tr> <tr> <td>Street Address:</td> <td>150 Verona Street</td> </tr> <tr> <td>City:</td> <td>Rochester</td> </tr> <tr> <td>State/Country:</td> <td>NEW YORK</td> </tr> <tr> <td>Postal Code:</td> <td>14608</td> </tr> </table>		Name:	Carestream Health, Inc.	Street Address:	150 Verona Street	City:	Rochester	State/Country:	NEW YORK	Postal Code:	14608
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CORRESPONDENCE DATA											
<p>Fax Number: (585)627-8919</p> <p><i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 5856276716</p> <p>Email: patent@carestreamhealth.com</p> <p>Correspondent Name: Carestream Health Inc.</p> <p>Address Line 1: 150 Verona Street</p> <p>Address Line 4: Rochester, NEW YORK 14608-1733</p>											
ATTORNEY DOCKET NUMBER:	94886										
NAME OF SUBMITTER:	Maria Langschwager										
<p>Total Attachments: 3</p> <p>source=Assignment#page 1.tif</p>											

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PATENT
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ASSIGNMENT

For good and valuable consideration received, including salary or payment for the making of inventions, or employee benefits, I/we do hereby assign to Carestream Health, Inc., a Delaware corporation having a principal place of business in Rochester, New York, its successors and assigns, the entire right, title and interest, including priority rights, in and to all of my/our inventions and improvements disclosed in an application for patent for

EXTREMITY IMAGING APPARATUS FOR CONE BEAM COMPUTED TOMOGRAPHY

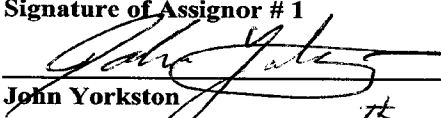
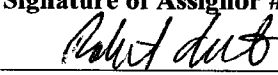
which is [check one]


- ☒ a non-provisional application for patent executed on the date(s) shown below by:
☐ a provisional application for patent by :
☐ an international application for patent by :


Assignor # 1: John Yorkston	Date May 27, 2010
Assignor # 2: Robert Asento	Date June 4, 2010
Assignor # 3: Jeffrey H. Siewerdsen	Date May 25, 2010
Assignor # 4: David H. Foos	Date June 2, 2010

and [check one] ☐ about to be filed ☒ already filed as 12/771,250

in the United States Patent and Trademark Office, together with said application, and any corresponding or counterpart provisional or non-provisional application, and any divisional, continuation, substitute, reissue, re-examination application thereof, and any applications, including international applications, corresponding or being a counterpart thereto in whole or in part in the United States and all other countries. I/We do hereby acknowledge that I/we were subject to an obligation of assignment to Carestream Health, Inc. with respect to the entire right, title and interest in and to said inventions at the time the inventions were made. I/We also do hereby assign to Carestream Health, Inc. the entire right, title and interest in and to Letters Patent and similar protective rights granted on any of these applications, as well as the right to claim any applicable priority rights arising from any of these applications under the terms of any applicable conventions, treaties, statutes or regulations. I/We agree that any of these applications, at Carestream Health, Inc.'s sole discretion, may be filed and issued in the name of Carestream Health, Inc. or its designee. I/We agree to execute such documents which in the judgment of Carestream Health, Inc. may be necessary to obtain any such patents and similar protective rights and to maintain the title thereto in Carestream Health, Inc. or its designee. I/We further agree that, upon request, but without out-of-pocket expense to myself/ourselves, I/we shall furnish to Carestream Health, Inc. or its designee any data, information, exhibits, memoranda, or other evidence in my/our possession relating to any of said inventions or improvements and shall testify in any ex parte or inter partes legal or administrative proceedings relating thereto. I/We authorize and request issuance of all Letters Patent and similar protective rights that may be granted on any of these applications, to the extent that and in such manner as such issuance shall be requested by Carestream Health, Inc. or its designee. This document shall be governed, construed and interpreted in all respects in accordance with the laws of the State of New York, USA.

Signature of Assignor # 1  John Yorkston Date: May 27 2010 Witnessed: Cindy MacTavik	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 2  Robert Asento Date: 04 JUNE 2010 Witnessed: Donna Sierich	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____

Signature of Assignor # 3  _____ Jeffrey H. Siewerdsen Date: <u>25-May-2010</u> Witnessed: <u>Yfr Piz</u>	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 <u>3301 St. Paul Street</u> <u>Baltimore, MD 21218</u>
Signature of Assignor # 4 _____ David H. Foos Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____

Signature of Assignor # 3 _____ Jeffrey H. Siewerdsen Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 4  _____ David H. Foos Date: <u>June 2, 2010</u> Witnessed: <u>Cindy MacTurk</u>	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____