

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
David Alan Boone	03/03/2011
Ben Gilbert Macomber	03/09/2011
RECEIVING PARTY DATA	
Name:	Orthocare Innovations LLC
Street Address:	6405 218th Street SW, Suite 100
City:	Mountlake Terrace
State/Country:	WASHINGTON
Postal Code:	98043-2180
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12886380
CORRESPONDENCE DATA	
Fax Number:	(206)224-0779
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	(206)682-8100
Email:	efiling@cojk.com
Correspondent Name:	Laura A. Cruz, Esq.
Address Line 1:	Christensen O'Connor Johnson Kindness
Address Line 2:	1420 Fifth Avenue, Suite 2800
Address Line 4:	Seattle, WASHINGTON 98101-2347
ATTORNEY DOCKET NUMBER:	ORIL135504
NAME OF SUBMITTER:	Laura A. Cruz
Total Attachments: 4 source=35504_Assignment#page1.tif source=35504_Assignment#page2.tif source=35504_Assignment#page3.tif source=35504_Assignment#page4.tif	

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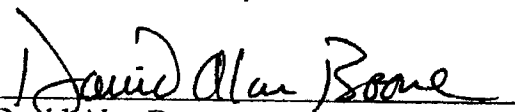
ASSIGNMENT

WHEREAS, we, David Alan Boone, residing at 4202 Northeast 110th Street, Seattle, Washington 98125, and Ben Gilbert Macomber, residing at 16747 North Park Avenue North, Shoreline, Washington 98133, are inventors named in an application for Letters Patent of the United States entitled **SELF-ALIGNING PROSTHESIS HYDRAULIC ACTUATORS**, Application No. 12/886,380, filed September 20, 2010;

AND, WHEREAS, Orthocare Innovations LLC, a Delaware limited liability company having a principal place of business at 6405 218th Street SW, Suite 100, Mountlake Terrace, Washington 98043-2180 (hereinafter referred to as ASSIGNEE), is desirous of acquiring our entire right and title to and interest in our invention disclosed in said application;

NOW, THEREFORE, for sufficient, good, and valuable consideration, the receipt of which is hereby acknowledged, we do hereby sell, assign, and transfer unto ASSIGNEE our entire right and title to and interest in said application and said invention, including the right to apply for international patents and patents thereon in foreign countries in our name or in the name of ASSIGNEE, said invention and all applications and patents on said invention to be held and enjoyed by ASSIGNEE as entirely as the same would have been held and enjoyed by us had this sale, assignment, and transfer not been made; and we do hereby further agree and promise to execute all instruments and render all such assistance as ASSIGNEE may request in order to make and prosecute any and all applications on said invention, to enforce any and all patents on said invention, and to confirm in ASSIGNEE legal title to said invention and all applications and patents on said invention, all without charge to ASSIGNEE but at no expense to us.

Executed at Honolulu, Hawaii, this 3rd day of March, 2011.


David Alan Boone

Executed at _____ (city), Washington, this _____ day of _____, 2010.

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

Dated: _____

Signature _____
 Printed Name: _____
 Notary Public _____
 My appointment expires _____

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PATENT

ASSIGNMENT

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Executed at _____ (city), Washington, this _____ day of _____, 2010.

David Alan Boone

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that David Alan Boone is the person who appeared before me, and said person acknowledged that he signed this instrument and

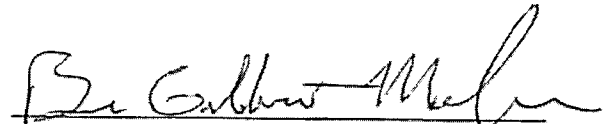
acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

(Seal or stamp)

Signature
Printed Name: _____
Notary Public
My appointment expires _____

Executed at Mantle Terrace (city), Washington, this 09th day of March, 2010.


Ben Gilbert Macomber

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that Ben Gilbert Macomber is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

(Seal or stamp)

Signature
Printed Name: _____
Notary Public
My appointment expires _____

LXC:aw