

## PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT										
NATURE OF CONVEYANCE:	ASSIGNMENT										
CONVEYING PARTY DATA											
<table border="1"> <thead> <tr> <th>Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>Scott J. Perrow</td> <td>03/27/2013</td> </tr> <tr> <td>Reuben J. Robie</td> <td>03/04/2013</td> </tr> </tbody> </table>		Name	Execution Date	Scott J. Perrow	03/27/2013	Reuben J. Robie	03/04/2013				
Name	Execution Date										
Scott J. Perrow	03/27/2013										
Reuben J. Robie	03/04/2013										
RECEIVING PARTY DATA											
<table border="1"> <tr> <td>Name:</td> <td>Pioneer Surgical Technology, Inc.</td> </tr> <tr> <td>Street Address:</td> <td>375 River Park Circle</td> </tr> <tr> <td>City:</td> <td>Marquette</td> </tr> <tr> <td>State/Country:</td> <td>MICHIGAN</td> </tr> <tr> <td>Postal Code:</td> <td>49855</td> </tr> </table>		Name:	Pioneer Surgical Technology, Inc.	Street Address:	375 River Park Circle	City:	Marquette	State/Country:	MICHIGAN	Postal Code:	49855
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PROPERTY NUMBERS Total: 1											
<table border="1"> <thead> <tr> <th>Property Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Application Number:</td> <td>13725420</td> </tr> </tbody> </table>		Property Type	Number	Application Number:	13725420						
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Application Number:	13725420										
CORRESPONDENCE DATA											
<p>Fax Number: 3125777007  <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 312 577 7000        Email: jurbanek@fitcheven.com        Correspondent Name: Jonathan H. Urbanek        Address Line 1: 120 S. LaSalle        Address Line 2: Suite 1600        Address Line 4: Chicago, ILLINOIS 60603</p>											
ATTORNEY DOCKET NUMBER:	7115-102761-US										
NAME OF SUBMITTER:	Jonathan H. Urbanek										
	This document serves as an Oath/Declaration (37 CFR 1.63).										
Total Attachments: 5											

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**RECORDATION FORM COVER SHEET**  
**PATENTS ONLY**

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies)**

Scott J. Perrow; Reuben J. Robie

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

**3. Nature of conveyance/Execution Date(s):**

Execution Date(s) March 27, 2013; March 4, 2013

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Joint Research Agreement  
☐ Government Interest Assignment  
☐ Executive Order 9424, Confirmatory License  
☐ Other \_\_\_\_\_

**2. Name and address of receiving party(ies)**

Name: Pioneer Surgical Technology, Inc.

Internal Address: \_\_\_\_\_

Street Address: 375 River Park Circle

City: Marquette

State: Michigan

Country: United States Zip: 49855

Additional name(s) & address(es) attached? ☐ Yes ☒ No

**4. Application or patent number(s):**

A. Patent Application No.(s)

13/725,420

☒ This document serves as an Oath/Declaration (37 CFR 1.63).

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

**5. Name and address to whom correspondence concerning document should be mailed:**

Name: Jonathan H. Urbanek

Internal Address: \_\_\_\_\_

Street Address: 120 South LaSalle Street Suite 1600

City: Chicago

State: Illinois Zip: 60603-3406

Phone Number: (312) 577- 7000

Docket Number: 7115-102761-US

Email Address: jurbanek@fitcheven.com

**6. Total number of applications and patents involved: 1**

**7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00**

- ☒ Authorized to be charged to deposit account  
☐ Enclosed  
☐ None required (government interest not affecting title)

**8. Payment Information**

Deposit Account Number 061135

Authorized User Name Jonathan H. Urbanek

**9. Signature: /Jonathan H. Urbanek/**

Signature

April 1, 2013

Date

Jonathan H. Urbanek

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: **5**

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

**COMBINED DECLARATION FOR UTILITY OR DESIGN  
PATENT APPLICATION AND ASSIGNMENT THEREOF**

As a below named inventor, I hereby declare that:

The below-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

BONE ANCHOR ASSEMBLY, BONE PLATE SYSTEM, AND METHOD

*(Title of Invention)*

the specification of which:

- ☐ is attached hereto, or
- ☒ was filed by an authorized person on my behalf on December 21, 2012 as United States Application Number or PCT International Application Number 13/725,420, and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the filing date of the continuation-in-part application.

I, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign and sell, which confirms any previous assignment by me or by operation of law, to Pioneer Surgical Technology, Inc., a Michigan corporation, having a place of business at 375 River Park Circle, Marquette, Michigan, 49855, United

States of America ("Assignee"), its successors, assigns, and legal representatives, the entire right, title, and interest, in and to all subject matter and improvements invented, made, or conceived by me and described in the application for patent identified above and in and to all patent and all patent convention and treaty rights of all kinds, including the right to claim priority from said application, and all rights in and to any utility model, continuation, continuation-in-part, and divisional application therefrom, and any reissue or re-examination as to any patent issuing therefrom, in all countries throughout the world, for all such subject matter described therein, including all rights of action and rights to recover damages for past infringements.

I agree that on request and without further consideration, I will communicate to the Assignee or its representatives or nominees any facts known to me respecting the inventions and improvements and testify in any legal proceeding, make all rightful oaths, sign all lawful papers, and execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent, utility model, or other similar rights in all countries including, but not limited to, any provisional, non-provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, for any derivation proceedings relating thereto, and, as to any patents that issue from such applications, for any supplemental examination, derivation proceeding, opposition, post grant review, reissue, re-examination, *inter partes* review, or extension thereof, and generally do everything possible to aid the Assignee, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. § 1001 by fine or imprisonment of not more than five (5) years, or both.

Legal Name of Inventor:  
(Given names first, with Family name last)

Scott J. Perrow

Inventor's Signature:



Date:

3/27/13

Inventor's Address:

1545 Cypress Street  
Ishpeming, Michigan, 49849  
United States of America

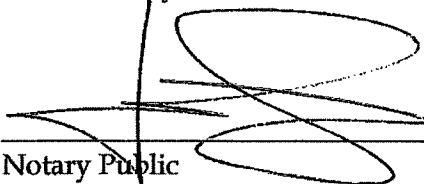
State of MICHIGAN )

County of MARQUETTE )

ss

On MARCH 27<sup>TH</sup>, 2013, before me, SCOTT J. PERROW,  
a Notary Public in and for said State, personally appeared SCOTT J. PERROW, personally  
known by me (or proved to me on the basis of satisfactory evidence) to be the person  
whose name is subscribed to the within instrument and acknowledged to me that he  
executed the same in his authorized capacity, and that by his signature on the  
instrument the person, or the entity upon behalf of which the person acted, executed the  
instrument.

WITNESS my hand and official seal.

  
Notary Public

JOHN SULLIVAN

My Commission Expires Notary public, Marquette County, Michigan  
My commission expires August 24, 2013

Legal Name of Inventor:  
(Given names first, with Family name last)

Reuben J. Robie

Inventor's Signature:



Date:

3-4-13

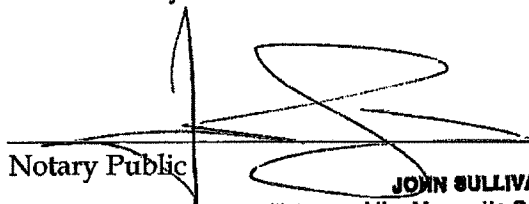
Inventor's Address:

323 Northland Drive  
Marquette, Michigan, 49855  
United States of America

State of MICHIGAN )  
County of MARQUETTE ) ss

On MARCH 4<sup>TH</sup>, 2013, before me, REUBEN J. ROBIE,  
a Notary Public in and for said State, personally appeared REUBEN J. ROBIE, personally  
known by me (or proved to me on the basis of satisfactory evidence) to be the person  
whose name is subscribed to the within instrument and acknowledged to me that he  
executed the same in his authorized capacity, and that by his signature on the  
instrument the person, or the entity upon behalf of which the person acted, executed the  
instrument.

WITNESS my hand and official seal.

  
Notary Public  
**JOHN SULLIVAN**  
Notary public, Marquette County, Michigan  
My Commission Expires August 24, 2013