

## 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>Clifford L. Jeng</td> <td>05/01/2013</td> </tr> <tr> <td>Jackson Heavener</td> <td>05/01/2013</td> </tr> <tr> <td>Mark Myerson</td> <td>05/01/2013</td> </tr> <tr> <td>Brian D. Den Hartog</td> <td>03/27/2013</td> </tr> <tr> <td>Thomas San Giovanni</td> <td>03/14/2013</td> </tr> </tbody> </table>		Name	Execution Date	Clifford L. Jeng	05/01/2013	Jackson Heavener	05/01/2013	Mark Myerson	05/01/2013	Brian D. Den Hartog	03/27/2013	Thomas San Giovanni	03/14/2013
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Jackson Heavener	05/01/2013												
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Brian D. Den Hartog	03/27/2013												
Thomas San Giovanni	03/14/2013												
RECEIVING PARTY DATA													
Name:	ORTHOHELIX SURGICAL DESIGNS, INC.												
Street Address:	1065 Medina Road, Suite 500												
City:	Medina												
State/Country:	OHIO												
Postal Code:	44221												
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>13826901</td> </tr> </tbody> </table>		Property Type	Number	Application Number:	13826901								
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CORRESPONDENCE DATA													
Fax Number:	3305351435												
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>													
Phone:	330-535-220												
Email:	dperkins@hsf-iplaw.com												
Correspondent Name:	Hudak, Shunk & Farine Co. LPA												
Address Line 1:	2020 Front St., Suite 307												
Address Line 4:	Cuyahoga Falls, OHIO 44221												
ATTORNEY DOCKET NUMBER:	ORTHO-CI												
NAME OF SUBMITTER:	Laura F. Shunk												
Signature:	/lfshunk/												

CH \$40.00 13826901

Date:

05/08/2013

**Total Attachments: 12**

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## ASSIGNMENT

IN CONSIDERATION of the sum of One Dollar (\$1.00), and of other good and valuable consideration paid to the undersigned by the Assignee,

### **ORTHOHELIX SURGICAL DESIGNS, INC.,**

a Corporation organized under the laws of the State of Delaware, domiciled at

**1065 Medina Road, Suite 500, Medina, OH 44256**

U.S.A., receipt whereof is hereby acknowledge, the undersigned by these presents hereby sells, assigns, transfers, and sets over unto said assignee the entire right, title and interest in and to the invention or improvement in

### **LATERAL ANKLE FUSION PLATE SYSTEM AND JIG, AND METHOD FOR USE THEREWITH**

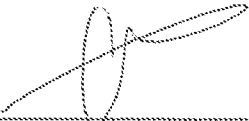
said invention being fully described and/or claimed in the application for Letters Patent of the United States of America, as well as any divisional, continuing, reissue, reexamination, or other patent applications, in and for the United States and all foreign countries, the same to be held and enjoyed by said assignee, its successors, assigns or other legal representatives, to the full ends of the terms for which all Letters Patent therefore may be granted, as fully and entirely as the same would have been held and enjoyed by the undersigned if this Assignment and sale had not been made.

AND SAID ASSIGNEE IS HEREBY AUTHORIZED to make application for and to receive Letters Patent for said invention in any of said countries at its election.

AND BY THIS COVENANT the undersigned will execute or procure any further necessary assurance of title to said invention and Letters Patent; and at any time, upon the request of said assignee, will execute and deliver any and all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patent, which may be granted therefore to said Assignee, its successors, assigns or other legal representatives and, upon the request of said Assignee, will execute any divisional, continuing, reissue, reexamination, or other applications for patents for said invention, in any country, and will make all rightful oaths and do all lawful acts requisite for aiding, procuring, or maintaining the same or for aiding therein.

AND THE COMMISSIONER of Patents is hereby authorized and requested to issue any and all Letters Patent to the United States for said invention, to said Assignee.

SIGNED and sealed as indicated adjacent our signatures.

  
CLIFFORD L. JENG

5/1/13  
Date

Location: Mary Medical Center

Witnessed Cynthia Soto

Name: Clifford Jeng  
(Printed or Typed)

5/1/13  
Date

JACKSON HEAVENER


Date

Location: \_\_\_\_\_

Witnessed \_\_\_\_\_

Name: \_\_\_\_\_  
(Printed or Typed)

Date

  
MARK MYERSON

5/1/2013.  
Date

Location: Mercy Medical Center

Witnessed Cynthia Soto

Name: MARK MYERSON  
(Printed or Typed)

5/1/2013.  
Date

\_\_\_\_\_  
BRYAN D. DEN HARTOG

\_\_\_\_\_  
Date

Location: \_\_\_\_\_

Witnessed \_\_\_\_\_

Name: \_\_\_\_\_  
(Printed or Typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
THOMAS SAN GIOVANNI

\_\_\_\_\_  
Date

Location: \_\_\_\_\_

Witnessed \_\_\_\_\_

Name: \_\_\_\_\_  
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ATTORNEY DOCKET NO.: (ORTHO-CI)

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CLIFFORD L. JENG

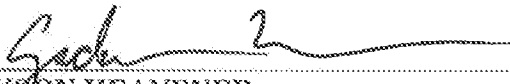
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JACKSON HEAVENER

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MARK MYERSON

\_\_\_\_\_  
Date

Location: \_\_\_\_\_

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Name: \_\_\_\_\_  
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Date

Location: .....

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Name: .....  
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ATTORNEY DOCKET NO.: (OR1110-C1)



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**Date**

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\_\_\_\_\_  
**Date**

Location: \_\_\_\_\_

Witnessed \_\_\_\_\_

Name: \_\_\_\_\_  
(Printed or Typed)

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**Date**

  
BRYAN D. DEN HARTOG

3/27/13  
Date

Location: Rapid City, SD

Witnessed: Diane Harris

Name: DIANE HARRIS  
(Printed or Typed)

3/27/13  
Date

THOMAS SAN GIOVANNI

\_\_\_\_\_  
Date

Location: \_\_\_\_\_

Witnessed: \_\_\_\_\_

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Name: \_\_\_\_\_  
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Date

T San Giovanni  
\_\_\_\_\_  
THOMAS SAN GIOVANNI

3/14/13  
\_\_\_\_\_  
Date

Location: 4014 Granada Blvd.  
Coral Gables, FL 33146

Witnessed Becky Suarez

3/4/13

Name: Thomas San Giovanni  
(Printed or Typed)

3/14/13  
\_\_\_\_\_  
Date

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