

## PATENT ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

EPAS ID: PAT2614657

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>SHOUPU CHEN</td> <td>09/24/2013</td> </tr> <tr> <td>JEAN-MARC INGLESE</td> <td>10/16/2013</td> </tr> <tr> <td>LAWRENCE A. RAY</td> <td>09/23/2013</td> </tr> <tr> <td>JACQUES TREIL</td> <td>10/02/2013</td> </tr> </tbody> </table>		Name	Execution Date	SHOUPU CHEN	09/24/2013	JEAN-MARC INGLESE	10/16/2013	LAWRENCE A. RAY	09/23/2013	JACQUES TREIL	10/02/2013
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RECEIVING PARTY DATA											
Name:	CARESTREAM HEALTH, INC.										
Street Address:	150 VERONA STREET										
Internal Address:	ATTN: PATENT LEGAL STAFF										
City:	ROCHESTER										
State/Country:	NEW YORK										
Postal Code:	14608										
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>13945941</td> </tr> </tbody> </table>		Property Type	Number	Application Number:	13945941						
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Application Number:	13945941										
CORRESPONDENCE DATA											
Fax Number:	(585)627-8919										
Phone:	585/627-6716										
Email:	patent@carestream.com										
<i>Correspondence will be sent via US Mail when the email attempt is unsuccessful.</i>											
Correspondent Name:	CARESTREAM HEALTH, INC.										
Address Line 1:	150 VERONA STREET										
Address Line 2:	ATTN: PATENT LEGAL STAFF										
Address Line 4:	ROCHESTER, NEW YORK 14608										
ATTORNEY DOCKET NUMBER:	95515										
NAME OF SUBMITTER:	LAURIE A. WURTZ										

OP \$40.00 13945941

Signature:	/Laurie A. Wurtz/
Date:	11/14/2013
<b>Total Attachments: 4</b> source=95515_Perf_Assignment#page1.tif source=95515_Perf_Assignment#page2.tif source=95515_Perf_Assignment#page3.tif source=95515_Perf_Assignment#page4.tif	

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

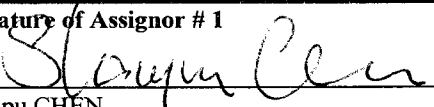
METHOD AND SYSTEM FOR USER INTERACTION IN 3-D CEPHALOMETRIC ANALYSIS

which is [check one]

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

Assignor # 1: Shoupu CHEN	Date 9-24-2013
Assignor # 2: Jean-Marc INGLESE	Date 10-16-2013
Assignor # 3: Lawrence A. RAY	Date 9-23-2013
Assignor # 4: Jacques TREIL	Date 10-2-2013

and [check one] ☐ about to be filed ☒ already filed as USSN: 13/945,941 filed on July 19, 2013  
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.

<b>Signature of Assignor # 1</b>  Shoupu CHEN Date: 9/24/2013 Witnessed: Cindy MacTuck	<b>Witness Address, if other than</b> Carestream Health, Inc., Rochester, NY 14608 _____ _____ _____
<b>Signature of Assignor # 2</b> _____ Jean-Marc INGLESE Date: _____ Witnessed: _____	<b>Witness Address, if other than</b> Carestream Health, Inc., Rochester, NY 14608 _____ _____ _____

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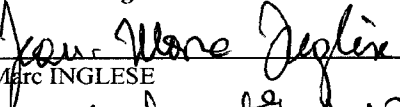
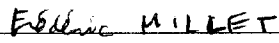
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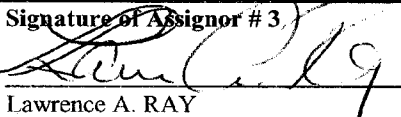
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<b>Signature of Assignor # 1</b>  Shoupu CHEN  Date: _____  Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608  _____  _____  _____
<b>Signature of Assignor # 2</b>   Jean-Marc INGLESE  Date: Oct. 16 <sup>th</sup> 2013  Witnessed:  ERIC MILLET	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608  _____  _____  _____

<b>Signature of Assignor # 3</b>  _____ Lawrence A. RAY Date: <u>Sept 23, 2013</u> Witnessed: <u>Cindy MacTurk</u>	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____ _____
<b>Signature of Assignor # 4</b> _____ Jacques TREIL Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____ _____

<b>Signature of Assignor # 3</b>  _____ Lawrence A. RAY  Date: _____  Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608  _____  _____  _____
<b>Signature of Assignor # 4</b>  _____ Jacques TREIL  Date: <u>10-02-2013</u>  Witnessed: <u>Ederic Millet</u>	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608  _____  _____  _____