

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT2643832

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>STANISLAW MARCZYK</td> <td>10/04/2013</td> </tr> <tr> <td>CHRISTOPHER SWITALSKI</td> <td>10/15/2013</td> </tr> <tr> <td>RUSSELL PRIBANIC</td> <td>10/04/2013</td> </tr> </tbody> </table>		Name	Execution Date	STANISLAW MARCZYK	10/04/2013	CHRISTOPHER SWITALSKI	10/15/2013	RUSSELL PRIBANIC	10/04/2013		
Name	Execution Date										
STANISLAW MARCZYK	10/04/2013										
CHRISTOPHER SWITALSKI	10/15/2013										
RUSSELL PRIBANIC	10/04/2013										
RECEIVING PARTY DATA											
<table border="1"> <tr> <td>Name:</td> <td>Covidien LP</td> </tr> <tr> <td>Street Address:</td> <td>15 Hampshire Street</td> </tr> <tr> <td>City:</td> <td>Mansfield</td> </tr> <tr> <td>State/Country:</td> <td>MASSACHUSETTS</td> </tr> <tr> <td>Postal Code:</td> <td>02048</td> </tr> </table>		Name:	Covidien LP	Street Address:	15 Hampshire Street	City:	Mansfield	State/Country:	MASSACHUSETTS	Postal Code:	02048
Name:	Covidien LP										
Street Address:	15 Hampshire Street										
City:	Mansfield										
State/Country:	MASSACHUSETTS										
Postal Code:	02048										
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>14102546</td> </tr> </tbody> </table>		Property Type	Number	Application Number:	14102546						
Property Type	Number										
Application Number:	14102546										
CORRESPONDENCE DATA											
Fax Number:	(203)821-2183										
Phone:	203-492-5000										
Email:	Patents.Surgical@Covidien.com										
<i>Correspondence will be sent via US Mail when the email attempt is unsuccessful.</i>											
Correspondent Name:	COVIDIEN LP										
Address Line 1:	555 LONG WHARF DRIVE										
Address Line 2:	MAILSTOP 8 N-1, LEGAL DEPARTMENT										
Address Line 4:	NEW HAVEN, CONNECTICUT 06511										
ATTORNEY DOCKET NUMBER:	H-US-03625 (203-9124)										
NAME OF SUBMITTER:	ARYN WADADLI										
Signature:	/Aryn WADADLI, Reg. #52796/										

Date:

12/11/2013

**Total Attachments: 4**

source=HUS03625Assignment#page1.tif

source=HUS03625Assignment#page2.tif

source=HUS03625Assignment#page3.tif

source=HUS03625Assignment#page4.tif

PATENT

For: ☒ U.S. and/or ☒ Foreign Rights  
For: ☒ U.S. Application or ☐ U.S. Patent  
By : ☒ Inventor or ☐ Present Owner

**ASSIGNMENT OF INVENTION**

In consideration of the payment by ASSIGNEE to ASSIGNORS of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,

**ASSIGNORS: Stanislaw Marczyk  
Christopher Switalski  
Russell Pribanic**

(If assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO add the following)

Recorded on: \_\_\_\_\_  
Reel \_\_\_\_\_  
Frame \_\_\_\_\_

hereby sells, assigns and transfers to

ASSIGNEE:

Covidien LP  
15 Hampshire Street  
Mansfield, MA 02048  
US

and the successors, assigns and legal representatives of the ASSIGNEE

☒ the entire right, title and interest

☐ an undivided \_\_\_\_\_ percent ( \_\_\_\_\_ %) interest for the United States and its territorial possessions

☒ and in all foreign countries, including all rights to claim priority, the right to sue for present, past and future infringement, in the United States, its territorial possessions, and in all foreign countries, including all treaty and convention rights in and to the invention and any and all improvements entitled:

**PEDIATRIC COMBINATION SURGICAL DEVICE**

and which is found in

- (a) ☒ U.S. application Serial No. 14/102,546 filed on December 11, 2013.
- (b) ☒ U.S. provisional application No. 61/739,858 filed on December 20, 2012.
- (c) ☐ U.S. Patent No. \_\_\_\_\_ issued \_\_\_\_\_.
- (d) ☐ PCT application No. \_\_\_\_\_ filed on \_\_\_\_\_.
- ☐ A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.
- (e) ☒ and any legal equivalent thereof in a foreign country, including the right to claim priority and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, continuation-in-part, divisional, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof.

ASSIGNORS hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment;

ASSIGNORS hereby authorize and request the Commissioner of Patents and Trademarks to issue all such Letters Patent to ASSIGNEE:

ASSIGNORS further covenant to promptly provide all pertinent facts and documents known and accessible to ASSIGNORS relating to said invention and said Letters Patent and legal equivalents; to testify as to the same in any interference, litigation or proceeding related thereto; to execute and deliver any and all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patents which may be granted therefore in said ASSIGNEE, its successors, assigns or other legal representatives; to execute any additional or divisional applications for patents for said invention, or any part or parts thereof, and for the reissue of any Letters Patents to be granted therefore; and to make all rightful oaths and do all lawful acts requisite for procuring the same or for aiding therein, all without further compensation, but at the sole expense of ASSIGNEE, its successors, assigns, or other legal representatives.

ASSIGNORS hereby grant ASSIGNEE and Assignee's attorneys the power to insert the Serial No. and/or filing date of the above-described application(s) after such information becomes known to them.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal.

**WARNING:** Date of signing must be the **same as** the date of execution of the application if item (a) was checked above.

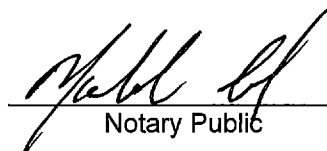
  
\_\_\_\_\_  
Stanislaw Marczyk

10-4-13  
\_\_\_\_\_  
(Dated)

State of Connecticut    )  
                                  ) ss  
County of New Haven    )

Before me this 4 day of October 2013,

personally appeared **Stanislaw Marczyk** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

  
\_\_\_\_\_  
Notary Public

AFFIX SEAL

Christopher Switalski  
Christopher Switalski

10/15/13  
(Dated)

State of Connecticut )  
                                  ) ss  
County of New Haven )

Before me this 15 day of October 2013,

personally appeared **Christopher Switalski** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

Michele Lynn Ciancola  
Notary Public

AFFIX SEAL

MICHELE LYNN CIANCOLA  
NOTARY PUBLIC  
State of Connecticut  
My Commission Expires  
August 31, 2015

Russell Pribanic

(Dated)

State of Connecticut )  
                                  ) ss  
County of New Haven )

Before me this \_\_\_\_\_ day of \_\_\_\_\_ 2013,

personally appeared **Russell Pribanic** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

Notary Public

AFFIX SEAL

\_\_\_\_\_  
**Christopher Switalski**

\_\_\_\_\_  
(Dated)

State of Connecticut    )  
                                  ) ss  
County of New Haven    )

Before me this \_\_\_\_\_ day of \_\_\_\_\_ 2013,

personally appeared **Christopher Switalski** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

\_\_\_\_\_  
Notary Public

AFFIX SEAL

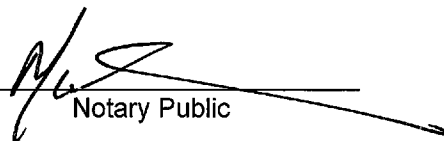
  
\_\_\_\_\_  
**Russell Pribanic**

10-4-2013  
\_\_\_\_\_  
(Dated)

State of Connecticut    )  
                                  ) ss  
County of New Haven    )

Before me this 4 day of October 2013,

personally appeared **Russell Pribanic** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

  
\_\_\_\_\_  
Notary Public

AFFIX SEAL