

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT2766643

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
GARY A. KASPER	03/12/2014
MICHAEL D. GRAHAM	03/10/2014
RECEIVING PARTY DATA	
Name:	BISSELL HOMECARE, INC.
Street Address:	2345 WALKER AVENUE, N.W.
City:	GRAND RAPIDS
State/Country:	MICHIGAN
Postal Code:	49544-2516
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14208381
CORRESPONDENCE DATA	
Fax Number:	(616)742-1010
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	616-742-3500
Email:	patents@mcgarrybair.com
Correspondent Name:	MCGARRY BAIR PC
Address Line 1:	32 MARKET AVE. SW, SUITE 500
Address Line 4:	GRAND RAPIDS, MICHIGAN 49503
ATTORNEY DOCKET NUMBER:	71189-3996
NAME OF SUBMITTER:	ERIN E. HALL
SIGNATURE:	/Erin E Hall/
DATE SIGNED:	03/13/2014
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 2	
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DECLARATION AND ASSIGNMENT FOR PATENT AND DESIGN APPLICATIONS

TITLE OF INVENTION:

TUFTING METHOD AND BRUSHROLL FOR A VACUUM CLEANER

As a below named inventor, I hereby declare that:

This declaration is directed to:

☒ the attached application

or

☐ United States Application Number or PCT International Application Number

filed on

I hereby state that the above identified application was made by me or was authorized by me to be made.

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

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I 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.

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.

In consideration of the sum of One Dollar (\$1.00), and other valuable and legally sufficient consideration, the receipt and adequacy of which I hereby acknowledge, I hereby sell, assign, and transfer unto BISSELL HOME CARE, INC., a corporation of the State of Michigan having its principal office and place of business in the City of Grand Rapids, County of Kent, State of Michigan, (hereinafter "Assignee"), its successors and assigns, my entire right, title, and interest in, to, and under the above identified application and the inventions disclosed therein; any Patents of the United States of America that may be obtained in respect thereof; any corresponding applications for Patent and Patents issuing therefor in all other areas of the world; and any reissues, extensions, substitutions, confirmations, divisions, and continuations of any of the foregoing (hereinafter "Invention Rights"), to have and to hold for the sole and exclusive use and benefit of Assignee, its successors and assigns forever.

I hereby covenant and agree to assist and cooperate with Assignee in the preparation and prosecution of any applications included within the Invention Rights and in the prosecution or defense of any review, opposition, or other proceeding that may arise in connection with any applications or Patent included within the Invention Rights and further to execute and deliver to Assignee any and all additional papers that may be requested by Assignee for the purpose of implementing the terms of this Assignment.

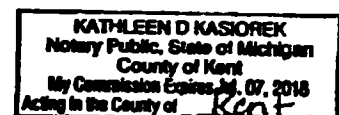
Given Name (first and middle (if any))	Family Name or Surname
Gary A.	Kasper
Inventor's Signature	Dated
<i>Gary A. Kasper</i>	3/15/2014

On this 12th day of March, 2014, personally appeared before me the above-named Gary A. Kasper, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Kathleen D. Kasiorok

Notary Public Kent County, Michigan

My commission expires: 7-7-2018



An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form. Use an additional PTO/AIA/01 form for each additional inventor.

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TITLE OF INVENTION:

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This declaration is directed to:

- ☒ the attached application
 or
☐ United States Application Number or PCT International Application Number filed on

I hereby state that the above identified application was made by me or was authorized by me to be made.

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I hereby covenant and agree to assist and cooperate with Assignee in the preparation and prosecution of any applications included within the Invention Rights and in the prosecution or defense of any review, opposition, or other proceeding that may arise in connection with any applications or Patent included within the Invention Rights and further to execute and deliver to Assignee any and all additional papers that may be requested by Assignee for the purpose of implementing the terms of this Assignment.

Given Name (first and middle [if any])	Family Name or Surname
Michael D.	Graham
Inventor's Signature 	Dated 3/10/14

On this _____ day of _____, 2014, personally appeared before me the above-named Michael D. Graham, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public _____ County, _____

My commission expires: _____

An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form. Use an additional PTO/AIA/01 form for each additional inventor.