

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT2824316

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	BRUCE A. LEVY	04/15/2014
RECEIVING PARTY DATA		
Name:	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	
Street Address:	200 FIRST STREET S.W.	
City:	ROCHESTER	
State/Country:	MINNESOTA	
Postal Code:	55905	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	29486258
CORRESPONDENCE DATA		
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<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
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ATTORNEY DOCKET NUMBER:	07039-1336001	
NAME OF SUBMITTER:	PAUL WESTERN, REG. NO. 67,552	
SIGNATURE:	/Paul Western/	
DATE SIGNED:	04/22/2014	
Total Attachments: 2		
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ASSIGNMENT

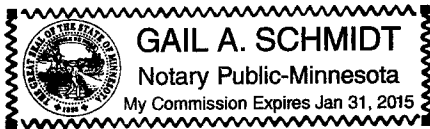
For valuable consideration, I, Bruce A. Levy, of 571 Somerby Parkway N.E., Byron, MN 55920; hereby assign to MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, a corporation of Minnesota, having a place of business at 200 First Street S.W., Rochester, MN 55905, and its successors and assigns (collectively hereinafter called “the Assignee”), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent, entitled HIP SURGERY UNDERGARMENT, filed March 27, 2014, and assigned U.S. Serial Number 29/486,258, this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors’ certificates for said inventions and improvements; and I agree for me and my respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

Bruce A. Levy
Bruce A. Levy

DATE: 4/15/14

State of Minnesota
County of Olmsted

This instrument was acknowledged before me on 4-15-14 (date) by
Bruce A Levy (name(s) of person(s)).



(Seal, if any)

Gail A. Schmidt
(Signature of notarial officer)

Notary Public Minnesota
Title (and Rank)
My commission expires: 1/31/2015

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