

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT2878041

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
MICHAEL KOBIDA	05/30/2014
MICHAEL TURTURRO	05/30/2014
RECEIVING PARTY DATA	
Name:	MEDLINE INDUSTRIES, INC.
Street Address:	ONE MEDLINE PLACE
City:	MUNDELEIN
State/Country:	ILLINOIS
Postal Code:	60060
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14291876
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<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
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ATTORNEY DOCKET NUMBER:	9262-132439-US (11034U)
NAME OF SUBMITTER:	STEVEN G. PARMELEE
SIGNATURE:	/Steven G. Parmelee/
DATE SIGNED:	05/30/2014
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 4	
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PATENT
REEL: 032998 FRAME: 0697

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION AND ASSIGNMENT THEREOF**

As a below named inventor, I hereby declare that:

The below-identified application was made or authorized to be made by me.

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

A MEDICAL PERSONAL-SERVICES SUCTION HANDLE

(Title of Invention)

the specification of which:

- ☒ is attached hereto, or
- ☐ was filed by an authorized person on my behalf on _____
as United States Application Number or PCT International Application Number
_____, and was amended on _____
(if applicable).

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.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the filing date of the continuation-in-part application.

I, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign and sell, which confirms any previous assignment by me or by operation of law, to Medline Industries, Inc., a Illinois corporation, having its principal place of business at One Medline Place, Mundelein, Illinois 60060

("Assignee"), its successors, assigns, and legal representatives, the entire right, title, and interest, in and to all subject matter and improvements invented, made, or conceived by me and described in the application for patent identified above and in and to all patent and all patent convention and treaty rights of all kinds, including the right to claim priority from said application, and all rights in and to any utility model, continuation, continuation-in-part, and divisional application therefrom, and any reissue or re-examination as to any patent issuing therefrom, in all countries throughout the world, for all such subject matter described therein, including all rights of action and rights to recover damages for past infringements.

I agree that on request and without further consideration, I will communicate to the Assignee or its representatives or nominees any facts known to me respecting the inventions and improvements and testify in any legal proceeding, make all rightful oaths, sign all lawful papers, and execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent, utility model, or other similar rights in all countries including, but not limited to, any provisional, non-provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, for any derivation proceedings relating thereto, and, as to any patents that issue from such applications, for any supplemental examination, derivation proceeding, opposition, post grant review, reissue, re-examination, *inter partes* review, or extension thereof, and generally do everything possible to aid the Assignee, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true.

I hereby 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.

Legal Name of Inventor:
(Given names first, with Family name last)

Michael Kobida

Inventor's Signature:



Inventor's Address:

23338 Chesapeake Drive
Barrington, Illinois 60010
United States

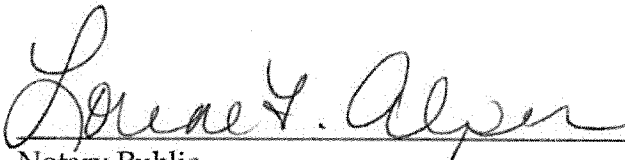
Date:

5-30-14

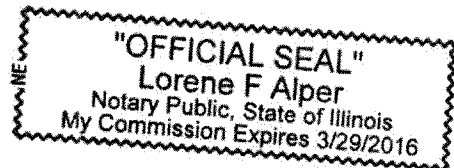
State of Illinois)
County of Lake) ss

On May 30, 2014, before me, Lorene F. Alper,
a Notary Public in and for said State, personally appeared MICHAEL KOBIDA, personally
known by me (or proved to me on the basis of satisfactory evidence) to be the person
whose name is subscribed to the within instrument and acknowledged to me that he
executed the same in his authorized capacity, and that by his signature on the
instrument the person, or the entity upon behalf of which the person acted, executed the
instrument.

WITNESS my hand and official seal.


Notary Public

My Commission Expires: 3/29/2016



Legal Name of Inventor:
(Given names first, with Family name last)

Michael Turturro

Inventor's Signature:

Michael Turturro

Inventor's Address:

605 West Madison Street/Apartment 1208
Chicago, Illinois 60661
United States

Date:

30 May 14

State of Illinois)
County of Lake) ss

On May 30, 2014, before me, Lorene F. Alper,
a Notary Public in and for said State, personally appeared **MICHAEL TURTURRO**,
personally known by me (or proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within instrument and acknowledged to me
that he executed the same in his authorized capacity, and that by his signature on the
instrument the person, or the entity upon behalf of which the person acted, executed the
instrument.

WITNESS my hand and official seal.

Lorene F. Alper
Notary Public

My Commission Expires: 3/29/2016

