

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT2970138

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
RICHARD JOHN HOODLESS	07/29/2014
RICHARD JOHN KEOGH	07/29/2014
RECEIVING PARTY DATA	
Name:	GYRUS MEDICAL LIMITED
Street Address:	FORTTRAN ROAD, ST. MELLONS
City:	CARDIFF
State/Country:	UNITED KINGDOM
Postal Code:	UK CF3 0LT
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14313156
CORRESPONDENCE DATA	
Fax Number:	(703)816-4100
<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>	
Phone:	703-816-4000
Email:	PTOMAIL@nixonvan.com
Correspondent Name:	NIXON & VANDERHYE, PC
Address Line 1:	901 NORTH GLEBE ROAD, 11TH FLOOR
Address Line 4:	ARLINGTON, VIRGINIA 22203
ATTORNEY DOCKET NUMBER:	RAM-2558-168
NAME OF SUBMITTER:	ROBERT A. MOLAN
SIGNATURE:	/Robert A. Molan/
DATE SIGNED:	08/06/2014
	This document serves as an Oath/Declaration (37 CFR 1.63).
Total Attachments: 2	
source=2558-168_ExecutedCombinedDeclarationAndAssignment#page1.tif	
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SUPPLEMENTAL SHEET FOR DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet (for PTO/AIA/08/09)

(Page 2 of 2)

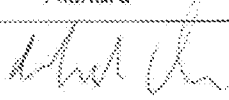
Legal Name of Additional Joint inventor, if any:

(E.g., Given Name (first and middle (if any)) and Family Name or Surname)

Richard

John

KEOGH

Inventor's
Signature:

Date:

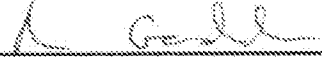
29 Jul 2014

Witnessed by:

Name:



Signature of witness:



Date:

29 July 14

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