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PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:		NEW ASSIGNMENT	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:		ASSIGNMENT	ASSIGNMENT	
CONVEYING PARTY	DATA			
		Name	Execution Date	
DANIELLE L. CLAY			08/08/2014	
RECEIVING PARTY D	ΑΤΑ			
Name:	WARSA	W ORTHOPEDIC, INC.		
Street Address:	2500 SI	2500 SILVEUS CROSSING		
City:	WARSA	WARSAW		
State/Country:	INDIAN	INDIANA		
Postal Code:	46582-8	46582-8598		
Application Number:		14341461		
COBBESPONDENCE	ΠΑΤΑ			
		901)344-1583		
Fax Number: Correspondence will	(be sent to	901)344-1583 the e-mail address first; if that ; if that is unsuccessful, it will b	is unsuccessful, it will be sent be sent via US Mail.	
Fax Number: <i>Correspondence will using a fax number, i</i> Phone:) be sent to f provided	<i>the e-mail address first; if that</i> ; <i>if that is unsuccessful, it will b</i> 901-396-3133	be sent via US Mail.	
<i>using a fax number, i</i> Phone: Email:) be sent to f provided و r	<i>the e-mail address first; if that</i> ; <i>if that is unsuccessful, it will b</i> 901-396-3133 medtronic_spinal_docketing@car	be sent via US Mail.	
Fax Number: <i>Correspondence will using a fax number, i</i> Phone: Email: Correspondent Name	(be sent to f provided f r :	<i>the e-mail address first; if that</i> <i>; if that is unsuccessful, it will b</i> 901-396-3133 medtronic_spinal_docketing@car ROBERT T. BARKER	be sent via US Mail.	
Fax Number: <i>Correspondence will using a fax number, i</i> Phone: Email:	(be sent to f provided s : :	<i>the e-mail address first; if that</i> ; <i>if that is unsuccessful, it will b</i> 901-396-3133 medtronic_spinal_docketing@car	be sent via US Mail.	
Fax Number: <i>Correspondence will using a fax number, i</i> Phone: Email: Correspondent Name Address Line 1: Address Line 4:	(be sent to f provided r : : :	the e-mail address first; if that ; if that is unsuccessful, it will b 001-396-3133 medtronic_spinal_docketing@car ROBERT T. BARKER 2600 SOFAMOR DANEK DRIVE MEMPHIS, TENNESSEE 38132	be sent via US Mail.	
Fax Number: <i>Correspondence will using a fax number, i</i> Phone: Email: Correspondent Name Address Line 1: Address Line 4:	(be sent to f provided : : : : : NUMBER:	the e-mail address first; if that ; if that is unsuccessful, it will b 201-396-3133 medtronic_spinal_docketing@car ROBERT T. BARKER 2600 SOFAMOR DANEK DRIVE	be sent via US Mail.	
Fax Number: <i>Correspondence will using a fax number, i</i> Phone: Email: Correspondent Name Address Line 1: Address Line 4: ATTORNEY DOCKET I	(be sent to f provided : : : : : NUMBER:	the e-mail address first; if that ; if that is unsuccessful, it will b 901-396-3133 medtronic_spinal_docketing@car ROBERT T. BARKER 2600 SOFAMOR DANEK DRIVE MEMPHIS, TENNESSEE 38132 C00008405.USU1	be sent via US Mail.	
Fax Number: <i>Correspondence will using a fax number, i</i> Phone: Email: Correspondent Name Address Line 1:	(be sent to f provided : : : : : NUMBER:	the e-mail address first; if that ; if that is unsuccessful, it will b 201-396-3133 medtronic_spinal_docketing@car ROBERT T. BARKER 2600 SOFAMOR DANEK DRIVE MEMPHIS, TENNESSEE 38132 C00008405.USU1 ROBERT T. BARKER	be sent via US Mail.	
Fax Number: <i>Correspondence will using a fax number, i</i> Phone: Email: Correspondent Name Address Line 1: Address Line 4: ATTORNEY DOCKET I NAME OF SUBMITTER	(be sent to f provided : : : : : NUMBER:	the e-mail address first; if that if that is unsuccessful, it will b 201-396-3133 medtronic_spinal_docketing@card ROBERT T. BARKER 2600 SOFAMOR DANEK DRIVE MEMPHIS, TENNESSEE 38132 C00008405.USU1 ROBERT T. BARKER /Robert T. Barker/	be sent via US Mail.	
Fax Number: <i>Correspondence will</i> <i>using a fax number, i</i> Phone: Email: Correspondent Name Address Line 1: Address Line 4: ATTORNEY DOCKET I NAME OF SUBMITTER SIGNATURE: DATE SIGNED:	(be sent to f provided : : NUMBER:	the e-mail address first; if that if that is unsuccessful, it will b 201-396-3133 medtronic_spinal_docketing@card ROBERT T. BARKER 2600 SOFAMOR DANEK DRIVE MEMPHIS, TENNESSEE 38132 C00008405.USU1 ROBERT T. BARKER /Robert T. Barker/	be sent via US Mail.	

ASSIGNMENT

WHEREAS,

(1) Danielle L. Clay

of the City of Collierville State of Tennessee, USA

has invented certain improvements in

DRUG DELIVERY DEVICE AND METHODS HAVING A RETAINING MEMBER

for which I have executed an application for Letters Patent of the United States of America,

_____ of even date herewith; and

X filed on 07/25/2014 and assigned application number 14/341,461; and

WHEREAS, I hereby authorize and request the attorneys of Assignee, Warsaw Orthopedic, Inc., of 2500 Silveus Crossing, Warsaw, Indiana 46582-8598, to insert the filing date and application number of the application when known; and

WHEREAS, Warsaw Orthopedic, Inc. (Assignee), a corporation organized and existing under the laws of the State of Indiana, having its principal office and place of business in the City of Warsaw. State of Indiana, is desirous of obtaining the entire right, title, and interest in, to and under the invention and the application in the United States of America and in any and all countries foreign thereto;

NOW, THEREFORE, for One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I have sold, assigned, transferred and set over, and by these presents do hereby sell, assign, transfer and set over, unto the Assignee, its successors, legal representatives, and assigns, the entire right, title, and interest in, to and under the invention, and the application, and all divisional, renewal, substitutional, and continuing applications thereof, and all Letters Patent of the United States of America which may be granted thereon and all reissues and extensions thereof, and all applications for Letters Patent which may be filed for the invention in any country or countries foreign to the United States of America, and all extensions, renewals, and reissues thereof, and all prior patents and patent applications for which a filing priority of the above-described patent application may be obtained, including the right to collect past damages; and I hereby authorize and request the Commissioner of Patents of the United States of America, whose duty is to issue patents on applications as aforesaid, to issue all Letters Patent for the invention to the Assignee, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND I HEREBY covenant that I have full right to convey the entire interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

AND I HEREBY further covenant and agree that I will communicate to the Assignee, its successors, legal representatives and assigns, any facts known to me respecting the invention, and testify in any legal proceedings, sign all lawful papers, execute all divisional, renewal, substitutional, continuing, and reissue applications, make all rightful declarations and/or oaths and generally do everything possible to aid the

PATENT REEL: 033526 FRAME: 0745

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Assignee, its successors, legal representatives and assigns, to obtain and enforce patent protection for the invention in all countries.

Inventor Name: Address:

Danielle L. Clay 899 Crosswinds Way Collierville, TN 38017

Dated: 08 AUG 2014

Inventor Signature

STATE OF TENNESSEE COUNTY OF Shylby

On this the $8^{\pm 1}$ day of 44545+, 2014, before me personally appeared Danielle L. Clay, to me known (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

WITNESS MY HAND and Seal at office this the $\frac{8^{4h}}{2014}$ day of \underline{August} , 2014.

My Commission Expires R88 MY COMMISSION EXPIRES May 11, 2015