

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3043578

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
IMAD LIBBUS	06/18/2013
BADRI AMURTHUR	06/27/2013
BRUCE H. KENKNIGHT	06/19/2013
RECEIVING PARTY DATA	
Name:	CYBERONICS, INC.
Street Address:	100 CYBERONICS BOULEVARD
City:	HOUSTON
State/Country:	TEXAS
Postal Code:	77058
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14179813
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 using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
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Email:	robin.parmelee@klgates.com
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Address Line 2:	SUITE 2900
Address Line 4:	SEATTLE, WASHINGTON 98104-1158
ATTORNEY DOCKET NUMBER:	1000.303DIV/2068970.00128
NAME OF SUBMITTER:	HUGH H. MATSUBAYASHI
SIGNATURE:	/Hugh H. Matsubayashi/
DATE SIGNED:	09/29/2014
Total Attachments: 6	
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ASSIGNMENT

FOR GOOD AND VALUABLE CONSIDERATION to me by **Cyberonics, Inc.**, the receipt and sufficiency of which are hereby acknowledged, We, **Imad LIBBUS, Badri AMURTHUR, and Bruce H. KENKNIGHT**, ("ASSIGNORS"), having made an invention in **IMPLANTABLE NEUROSTIMULATOR FOR PROVIDING ELECTRICAL STIMULATION OF CERVICAL VAGUS NERVES FOR TREATMENT OF CHRONIC CARDIAC DYSFUNCTION WITH BOUNDED TITRATION**, while in the employ either as an employee or consultant of **Cyberonics, Inc.**, a corporation organized and existing under the laws of the State of Delaware, doing business at **100 Cyberonics Boulevard, Houston, Texas U.S.A. 77058** (sometimes hereinafter called "ASSIGNEE"), does hereby ASSIGN, SELL and CONVEY to said **Cyberonics, Inc.** its successors and assigns, the entire right, title and interest throughout the world in and to:

1. Said invention in **IMPLANTABLE NEUROSTIMULATOR FOR PROVIDING ELECTRICAL STIMULATION OF CERVICAL VAGUS NERVES FOR TREATMENT OF CHRONIC CARDIAC DYSFUNCTION WITH BOUNDED TITRATION**;
2. United States of America patent application on said invention Application No. 13/931,961 filed June 30, 2013, Attorney's File No. 1000.303CIP; (attorney is authorized to fill in the application number and filing date after assignment by the U.S. Patent and Trademark Office), entitled **IMPLANTABLE NEUROSTIMULATOR FOR PROVIDING ELECTRICAL STIMULATION OF CERVICAL VAGUS NERVES FOR TREATMENT OF CHRONIC CARDIAC DYSFUNCTION WITH BOUNDED TITRATION**;
3. All applications for patent or like protection on said invention that have now been or may in the future be made by me or my legal representatives, including any continuation, continuation-in-part and any other utility applications that may be based on this invention, whether in the United States of America or any other place anywhere in the world;
4. All patents and like protection that have now been or may in the future be granted on said invention to me or my legal representatives, whether in the United States of America or in any other country or place anywhere in the world;

5. All substitutions for and divisions, continuations, continuations-in-part, renewals, reissues, extensions, and the like of said applications and patents and like grants, including without limitation, those obtained or permissible under past, present and future laws and statutes;
6. All rights of action on account of past, present and future unauthorized use of said invention and for infringement of said patents and like protection;
7. The right in ASSIGNEE to file in its name applications for patents and like protection for said invention in any country or countries foreign to the United States; and
8. All international rights of priority associated with said invention, applications, patents and like protection;

and we covenant that we, and our heirs, legal representatives, assigns, administrators, and executors, will, at the expense of ASSIGNEE, its successors and assigns, execute all papers and perform such other acts as may be reasonably necessary to give ASSIGNEE, its successors and assigns, the full benefit of this Assignment.

EXECUTED on the date indicated below, opposite my signature.

ASSIGNOR


Date: 6/18/2013

Imad Libbus
Imad LIBBUS

THE STATE OF _____ §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared Imad LIBBUS, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 18 day of June, 2013.

[S E A L]  RAFAEL AMBRIZ VAZ QUEZ
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES 01/31/18
My Commission Expires:

Rafael Ambriz Vazquez
Notary Public in and for
the State of Minnesota

66-31-17

EXECUTED on the date indicated below, opposite my signature.

Date: 06/27/2013

ASSIGNOR

Badri Amurthur

Badri AMURTHUR

THE STATE OF _____ §

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared **Badri AMURTHUR**, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____, 2013.

[SEAL]

Notary Public in and for
the State of _____

My Commission Expires:

SEE ATTACHED
ACKNOWLEDGMENT

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Santa Clara

On 27 June 2013 before me, David K. D. Loy, Notary Public
(Here insert name and title of the officer)

personally appeared Badri Ananthur

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

David K. D. Loy

Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Assignment

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date 27 June 13

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural form by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

EXECUTED on the date indicated below, opposite my signature.

Date: 06-19-13

ASSIGNOR

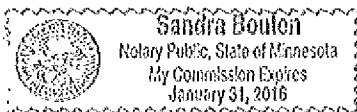
Bruce H. KENKNIGHT

THE STATE OF MN §
COUNTY OF Henn. §

BEFORE ME, the undersigned authority, on this day personally appeared **Bruce H. KENKNIGHT**, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 19 day of June, 2013.

[SEAL]



Sandra Bouten
Notary Public in and for
the State of MN

My Commission Expires:

1/31/16
