

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT3049978

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
PETER O. NEWTON	09/20/2014
RECEIVING PARTY DATA	
Name:	DEPUY SYNTHES PRODUCTS, LLC
Street Address:	325 PARAMOUNT DRIVE
City:	RAYNHAM
State/Country:	MASSACHUSETTS
Postal Code:	02767
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	7951168
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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NAME OF SUBMITTER:	TRACEY A. SCHRAFFA
SIGNATURE:	/Tracey A. Schraffa/
DATE SIGNED:	10/02/2014
Total Attachments: 3	
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source=Assignment_7951168#page3.tif	

ASSIGNMENT

WHEREAS, Peter O. Newton, a citizen of the United States of America, residing at 12495 Kingspine Avenue, San Diego, CA 92131, (hereinafter called "Assignor"), have made certain new and useful inventions or discoveries relating to:

DEPUY SYNTHES PRODUCTS, LLC

a limited liability corporation of Delaware, having its principal place of business at 325 Paramount Drive, Raynham, MA 02767, the receipt of which is hereby acknowledged, do hereby sell, assign and transfer unto said

DEPUY SYNTHES PRODUCTS, LLC

its successors and assigns, my entire interest for the United States of America and all foreign countries including all rights of priority under the International Convention for the Protection of Industrial Property in a certain invention or improvement in

INSTRUMENTS AND METHODS FOR MANIPULATING VERTEBRA

described in U.S. Patent Application Serial No. 11/707,696, filed on February 16, 2007, in the United States Patent and Trademark Office, now U.S. Patent No. 7,951,168, issued on May 31, 2011, and in all Letters Patent of the United States and all foreign countries which may or shall be granted on said invention, or any parts thereof, or on said application, or any divisional, continuing, reissue or other applications based in whole or in part thereon. And I agree, for myself and my executors and administrators, with said corporation and its successors and assigns but at its or their expense and charges, hereafter to execute all applications, amended specifications, deed or other instrument, and to do all acts necessary or proper to secure the grant of Letters Patent in the United States and in all other countries to said corporation, with specifications and claims in such form as shall be approved by the counsel of said corporation and to vest and confirm in said corporation, its successors and assigns, the legal title to all such patents.

And I do hereby authorize and request the Commissioner of Patents and Trademarks of the United States to issue such Letters Patent as shall be granted upon said application or applications based thereon to said corporation, its successors and assigns.

[SIGNATURES ON NEXT PAGES]

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Diego

On Sept. 20, 2014 before me, C. V. Tallant, Notary Public
(Here insert name and title of the officer)

personally appeared Peter O Newton

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.

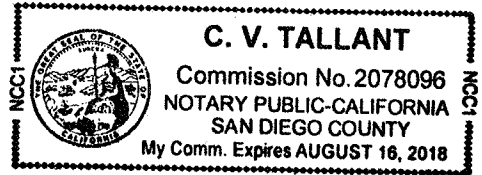
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

C. V. Tallant

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

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 forms 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

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____

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