

## PATENT ASSIGNMENT COVER SHEET

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|                                                                                                                                                                                                 |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>SUBMISSION TYPE:</b>                                                                                                                                                                         | NEW ASSIGNMENT              |
| <b>NATURE OF CONVEYANCE:</b>                                                                                                                                                                    | ASSIGNMENT                  |
| <b>CONVEYING PARTY DATA</b>                                                                                                                                                                     |                             |
| <b>Name</b>                                                                                                                                                                                     | <b>Execution Date</b>       |
| URS WEBER                                                                                                                                                                                       | 09/09/2014                  |
| <b>RECEIVING PARTY DATA</b>                                                                                                                                                                     |                             |
| <b>Name:</b>                                                                                                                                                                                    | STRYKER TRAUMA GMBH         |
| <b>Street Address:</b>                                                                                                                                                                          | PROF.-KUNTSCHER-STRASSE 1-5 |
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| <b>State/Country:</b>                                                                                                                                                                           | GERMANY                     |
| <b>Postal Code:</b>                                                                                                                                                                             | D-24232                     |
| <b>PROPERTY NUMBERS Total: 2</b>                                                                                                                                                                |                             |
| <b>Property Type</b>                                                                                                                                                                            | <b>Number</b>               |
| <b>Application Number:</b>                                                                                                                                                                      | 14219449                    |
| <b>Application Number:</b>                                                                                                                                                                      | 12678374                    |
| <b>CORRESPONDENCE DATA</b>                                                                                                                                                                      |                             |
| <b>Fax Number:</b>                                                                                                                                                                              | (908)654-7866               |
| <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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| <b>Email:</b>                                                                                                                                                                                   | ASSIGNMENT@LDLKM.COM        |
| <b>Correspondent Name:</b>                                                                                                                                                                      | LDLKM                       |
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| <b>Address Line 4:</b>                                                                                                                                                                          | WESTFIELD, NEW JERSEY 07090 |
| <b>ATTORNEY DOCKET NUMBER:</b>                                                                                                                                                                  | TRAUMA 3.3-590 & CON        |
| <b>NAME OF SUBMITTER:</b>                                                                                                                                                                       | GREGORY M. REILLY           |
| <b>SIGNATURE:</b>                                                                                                                                                                               | /GMR/                       |
| <b>DATE SIGNED:</b>                                                                                                                                                                             | 10/06/2014                  |
| <b>Total Attachments: 1</b>                                                                                                                                                                     |                             |
| source=U. Weber Executed Assignment#page1.tif                                                                                                                                                   |                             |

# ASSIGNMENT OF UTILITY APPLICATION

Docket Number (Optional)

TRAUMA 3.3-590

Whereas, I, Urs Weber of  
P.O. Box 1603, Ramona, California 92065  
 hereafter referred to as assignor, have invented certain new and useful improvements in

## ANGULARLY STABLE FIXATION OF AN IMPLANT

☒ for which an application for a United States Letters Patent was filed on March 16, 2010  
 Application Number 12/676,374

☐ for which an application for a United States Letters Patent was executed by me on  
 and

Whereas, Stryker Trauma GmbH  
 a corporation of Germany herein referred to as "assignee" whose mailing address is  
Prof.-Küntzer-Strasse 1-5, D-24232 Schönkirchen, GERMANY  
 is desirous of acquiring the entire right, title and interest in the same:

NOW, THEREFORE, in consideration of the sum of one dollars (\$ 1.00 ), the receipt whereof is acknowledged, and other good and valuable consideration, I as assignor hereby sell, assign and set over to said assignee the entire right, title and interest for the United States of America and all other countries in and to said invention and the aforesaid utility patent application and all original, divisional, continuation, continuation-in-part, substitute or reissue applications and patents applied for or granted therefor in the United States of America and all other countries, for said invention, including without limitation all applications and patents for said invention claiming priority or benefit of the aforesaid utility application pursuant to any law or treaty, and including the right to claim such priority or benefit and the Commissioner of Patents and Trademarks is hereby authorized and requested to issue all patents on said improvements or resulting therefrom to said assignee herein, as assignee of the entire interest therein, and the undersigned for me and my legal representatives, heirs and assigns do hereby agree and covenant without further remuneration, to execute and deliver all original, divisional, continuation, reissue and other applications for Letters Patent on said improvements and all assignments thereof to said assignee or its assigns, to communicate to said assignee or its representatives all facts known to the undersigned respecting said improvements, whenever requested, to testify in any interferences or other legal proceedings in which any of said applications or patents may become involved, to sign all lawful papers, make all rightful oaths, and to do generally everything necessary to aid assignee, its successors, assigns and nominees to obtain patent protection for said improvements in all countries, the expenses incident to said applications to be borne and paid by said assignee.

And I do hereby authorize my attorneys to insert on this deed the filing date and application number of said application when known.

9/3/14

(Date)

U. Weber

(Signature)

State of \_\_\_\_\_ ) SS:

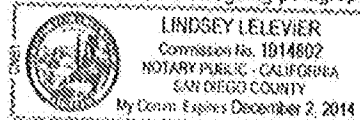
County of \_\_\_\_\_ )

On 9/9/14 before me, Lindsey Lelevier, Notary Public personally appeared Urs Weber, who 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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.

Lindsey Lelevier  
 (Notary Public)



(NOTARY SEAL)

☐ \*Total of \_\_\_\_\_ forms are submitted.

1-11-14 4230579

PATENT

RECORDED: 10/06/2014

REEL: 033891 FRAME: 0400