

## PATENT ASSIGNMENT COVER SHEET

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Stylesheet Version v1.2

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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>             |
| SCOTT J. PERROW   | 10/08/2014                        |
| <b>RECEIVING PARTY DATA</b>   |                                   |
| <b>Name:</b>  | PIONEER SURGICAL TECHNOLOGY, INC. |
| <b>Street Address:</b>  | 375 RIVER PARK CIRCLE             |
| <b>City:</b>  | MARQUETTE                         |
| <b>State/Country:</b>   | MICHIGAN                          |
| <b>Postal Code:</b>   | 49855                             |
| <b>PROPERTY NUMBERS Total: 1</b>  |                                   |
| <b>Property Type</b>  | <b>Number</b>                     |
| <b>Application Number:</b>  | 14509725                          |
| <b>CORRESPONDENCE DATA</b>  |                                   |
| <b>Fax Number:</b>  |                                   |
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| <b>ATTORNEY DOCKET NUMBER:</b>  | 7115-133401-US                    |
| <b>NAME OF SUBMITTER:</b>   | PAUL B. HENKELMANN                |
| <b>SIGNATURE:</b>   | /Paul B. Henkelmann/              |
| <b>DATE SIGNED:</b>   | 10/08/2014                        |
| This document serves as an Oath/Declaration (37 CFR 1.63).  |                                   |
| <b>Total Attachments: 3</b>   |                                   |
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| source=133401_Combined_Declaration_Assignment#page2.tif   |                                   |
| source=133401_Combined_Declaration_Assignment#page3.tif   |                                   |

**COMBINED DECLARATION FOR UTILITY OR DESIGN  
PATENT APPLICATION AND ASSIGNMENT THEREOF**

As a below named inventor, I hereby declare that:

The below-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

Expandable Intervertebral Device, And Systems And Methods For Inserting Same

*(Title of Invention)*

the specification of which:

- is attached hereto, or
- was filed by an authorized person on my behalf on \_\_\_\_\_  
as United States Application Number or PCT International Application Number  
\_\_\_\_\_, and was amended on \_\_\_\_\_  
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the filing date of the continuation-in-part application.

I, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign and sell, which confirms any previous assignment by me or by operation of law, to Pioneer Surgical Technology, Inc., a Michigan corporation, having its principal place of business at 375 River Park Circle, Marquette, Michigan 49855, United States Of America ("Assignee"), its successors, assigns, and legal

representatives, the entire right, title, and interest, in and to all subject matter and improvements invented, made, or conceived by me and described in the application for patent identified above and in and to all patent and all patent convention and treaty rights of all kinds, including the right to claim priority from said application, and all rights in and to any utility model, continuation, continuation-in-part, and divisional application therefrom, and any reissue or re-examination as to any patent issuing therefrom, in all countries throughout the world, for all such subject matter described therein, including all rights of action and rights to recover damages for past infringements.

I agree that on request and without further consideration, I will communicate to the Assignee or its representatives or nominees any facts known to me respecting the inventions and improvements and testify in any legal proceeding, make all rightful oaths, sign all lawful papers, and execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent, utility model, or other similar rights in all countries including, but not limited to, any provisional, non-provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, for any derivation proceedings relating thereto, and, as to any patents that issue from such applications, for any supplemental examination, derivation proceeding, opposition, post grant review, reissue, re-examination, *inter partes* review, or extension thereof, and generally do everything possible to aid the Assignee, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. § 1001 by fine or imprisonment of not more than five (5) years, or both.

Legal Name of Inventor:  
(Given names first, with Family name last)

Scott J. Perrow

Inventor's Signature:



Date:

10/8/14

Inventor's Address:

1545 Cypress Street  
Ishpeming, Michigan 49849  
United States of America

State of MICHIGAN)

County of MARQUETTE)

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On Oct. 8, 2014, before me, John Sullivan,  
a Notary Public in and for said State, personally appeared SCOTT J. PERROW, personally  
known by me (or 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  
executed the same in his authorized capacity, and that by his signature on the  
instrument the person, or the entity upon behalf of which the person acted, executed the  
instrument.

WITNESS my hand and official seal.

Notary Public

My Commission Expires: \_\_\_\_\_

**JOHN SULLIVAN**  
Notary public, Marquette County, Michigan  
My commission expires August 24, 2020