01/12/2015 503131380

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT3177990

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
MATTHEW REIF	06/04/2014
JOHN FLYNN JR.	05/06/2014
CHRIS OLIG	05/04/2014
DR. ROD SCHLOSSOR	05/12/2014
DR. BENJAMIN S. BLEIER	05/06/2014
DR. ALEXANDER CHIU	08/13/2014

RECEIVING PARTY DATA

Name:	GYRUS ACMI, INC., D/B/A OLYMPUS SURGICAL TECHNOLOGIES AMERICA
Street Address:	136 TURNPIKE ROAD
City:	SOUTHBOROUGH
State/Country:	MASSACHUSETTS
Postal Code:	01772

PROPERTY NUMBERS Total: 1

Property Type	Number	
Application Number:	14528525	

CORRESPONDENCE DATA

Fax Number: (248)292-2910

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.

Phone: 2482922920

Email: serla@patentco.com Correspondent Name: NORMAN L. SIMS

Address Line 1: 29 W. LAWRENCE STREET, STE. 210

Address Line 4: PONTIAC, MICHIGAN 48342

ATTORNEY DOCKET NUMBER:	1663.035US (G0094-US1)
NAME OF SUBMITTER:	NORMAN L. SIMS
SIGNATURE:	/NORMAN L. SIMS/
DATE SIGNED:	01/12/2015
	This document serves as an Oath/Declaration (37 CFR 1.63).

PATENT REEL: 034680 FRAME: 0060 503131380

Total Attachments: 6 source=1663.035P1 Executed Assignments#page1.tif source=1663.035P1 Executed Assignments#page2.tif source=1663.035P1 Executed Assignments#page3.tif source=1663.035P1 Executed Assignments#page4.tif source=1663.035P1 Executed Assignments#page5.tif source=1663.035P1 Executed Assignments#page6.tif

PATENT REEL: 034680 FRAME: 0061

As a below named inventor, I hereby declare that

TYPE OF DECLARATION: This declaration is for an original application.

INVENTORSHIP IDENTIFICATION: My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original inventor or an original joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled. TREATMENT METHOD FOR THE INFERIOR TURBINATE.

SPECIFICATION IDENTIFICATION: The attached application; or (2) The United States Application Number 61/904, 103 filed on November 14, 2013.

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DECLARATION: I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ASSIGNMENT OF INVENTION: In consideration of the payment by ASSIGNEE to ASSIGNORS of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration.

ASSIGNOR: MATTHIAS REIF Bernwardkoppel 3 22455 Hamburg Germany Nationality DE

turnaments.

hereby sell, assign and transfer to

ASSIGNEE: GYRUS ACMI, INC. d/b/a Olympus Surgical Technologies America 138 Turnpike Road Sauthborough, MA 01772 State of Country of Formation, US

Manhum Garmani

a and the successors, assigns and legal representatives of the ASSIGNEE the entire right, little and interest for the United States and any foreign countries, including all rights to claim priority, in and to any and all improvements which are disclosed in the above-referenced applications. US Application Number 61/904.103, filed on November 14, 2013, including the right to claim priority in the United States or in any foreign countries, (the entire right, little and interest in each such application are also hereby sold, assigned and transferred to Assignee to the extent not already done so), and, in and to, all Letters Patent to be obtained for said invention by the above-referenced application or any continuation, continuation-in-part, division, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof, including any and all rights to sue for past damages. ASSIGNOR hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment. ASSIGNOR further covenant that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said United States application, said invention if page said Letters Patent, which may be necessary or desirable to carry out the purposes thereof.

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Signature	Biotition (160)	1100000000000	ranial grant and
Date:	04.06.7014	Post Office Address:	Bernwardkoppel 3 22455 Hamburg, Germany
Citizenship: O	Œ		
	SUBSCRIBING WITNESS AFFIDAVI	T OF EXECUTION OF AN AS	SIGNMENT
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/ Whose full post office add	iress is: Luckmoor 47, 23 \$ Street, City, Postal Code	45 Marshers, Guranan Country	ל
Make cath and say that I to me to be the inventor r Signed at <u>নিক্</u>	was personally present and did see	기소(HUSh PP/ y sign and execute the same fo	no is personally known or identified or the purposes therein stated
On this <u>04</u> da	y of <u>James</u> 2014 Subscribin	1- Paj	
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PATENT

REEL: 034680 FRAME: 0062

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ASSIGNOR: JOHN FLYNN, JT. 3556 Waterford CV. N. Collierville, TN 38017 hereby sell, assign and transfer to

ASSKINEE: GYRUS ACMI, INC. d/bis Olympus Surgical Technologies America 136 Turnpike Road Southborough, MA 81772 State or Country of Formation: US

Collierville, TN

Nationality: US

inventor's

Signature

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Residence:

Date: May 6, 2014	Post Office Address:	3556 Waterford Cr. Rd. Collierville, TN 38017
Citizenship: US	غ	
SUBSCRIBING WITNESS AFFIDAVIT	of Execution of an assi	GNMENT
Whose full post office address is: 428 East Sωar Street, City, Postal Code,	<u>. Ridge Circle;</u> Me	emphis, TW 38122 USA
Make oath and say that I was personally present and did see to me to be the inventor named in the attached assignment, duly Signed at: 4:50,000,000,000,000,000,000,000,000,000,	John Flynn who sign and execute the same for t	is personally known or identified he purposes therein stated.
On this 6 to day of 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	aible Colle	

As a below named inventor, I hereby declare that:

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ASSIGNMENT OF INVENTION: In consideration of the payment by ASSIGNEE to ASSIGNORS of the sum of One Dollar (\$1.00). the receipt of which is hereby acknowledged, and for other good and valueble consideration,

ASSIGNOR: CHRIS OLIG 6305 Chatham Way Eden Prairie, MN 55346 hereby sell, assign and transfer to

GYRUS ACMI, INC. d/b/a Olympus Surgical Technologies America 136 Tumpike Road Southborough, MA 01772 State or Country of Formation: US

Nationality: US

inventor's

Chris Olig

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Inventor's Signature	Chris Olig	Residence:	Eden Prairie, MN	
Date:	5/4/2014	Post Office Address:	6305 Chatham Way Eden Brane, MN 55346 Profes Copo	
Citizenship: US				
Make cath and say tha to me to be the invento Signed at: <u>840</u>	SUBSCRIBING WITNESS AFFIDAVIT OR L. R. STEET address is BOO NO STIAN DATE Street, City, Postal Code, Co It I was personally present and did see City or named in the attached assignment, duty sign NORMANDALE IN RIND ** day of MANDALE IN SUBSCRIBING WIT	U BUD #120 unity is Olia who is nand execute the same for the	BLOOMERGTON MILL 559	137
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Sesidence:

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ASSIGNOR: DR. ROD SCHLOSSOR 556 Island Welk East Mt. Pleasent, SC 29464 hereby sell, assign and transfer to

GYRUS ACMI, INC. d/b/a Olympus Surgical Technologies America 138 Turnpike Roed Southborough, MA 01772 State or Country of Formation: US

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inventor's	්රීr. Rod Schlossor	Residence:	Mt. Pleasant, SC
Signature	and a second	Post Office Address:	566 Island Welk East
Date:	5/12/14		Mt. Pleasant, SC 29484
Citizenship: US			
	Subscribing witness a	PPIDAVIT OF EXECUTION OF AN ASSI	GNMENT
, One	eequopot		
Whose full post office	ce address is: 135 RUT	EOGE AVENUE, CII,	NRLESTON, SC, USA
Make oath and say	that I was personally present and di	id see <u>RODDEY SCH-CAS</u> who nent, duly sign_and execute the same for	is personally known or identified
to me to be the inve	ntor named in the attached assignm	nent, duly sign and execute the same for	the purposes therein stated.
20 milion 2011	<u> Liaelestod, sou</u>		
On this 12		2014	
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Inventor's Signature	ASSK-	Residence:	Boston, MA
Date:	sien4	Post Office Address:	243 Charles Street Boston, MA 02114
Citizenship: US			
	SUBSCRIBING WITNESS AFFIDAVIT (OF EXECUTION OF AN ASSK	INMENT
IMaria	m Rhazi		
Whose full post of	fice address is:243 Charles St Boston Street, City, Postal Code, C	: MA 02114 Country	
be the inventor na Signed at:	y that I was personally present and did see _Ber med in the attached assignment, duly sign and e 243 Charles St day ofMay, 2014	execute the same for the purpor	nally known or identified to me to ses therein staled.
	Subscribing V	Nithess \	

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Sign aturo	Dit Alexander Child	Residence:	19030H, MZ
Date:	8/13/14	Post Office Address; 	7828 N. Ancient Indian Cr. Tucson, AZ 85718
Citizenship:	<u>\(\lambda \) \(\lambda \) \</u>		
	SUBSCRIBING WITNESS AFF	IDAVIT OF EXECUTION OF AN ASSIG	nment
يلهمك ا	<u> Pelexis</u>		
Whose full post o	office address is: <u>ISO1 3/ A4 Vla</u> Street, City, Posta	<u> 200, Tuksenk, Az 95</u> 72	Sofue
io me to be the ir	ay that I was personally present and did inventor named in the attached assignment in the Attached assignment in the Attached assignment.	see N.O.A.A. who nt, duly sign and execute the same for the	is personally known or identified ne purposes therein stated.
On this 13	th day of Angust	Your Gardy	
	Sub	sofibling Witness	