503135339 01/14/2015

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT3181949

		NEW ASSIGNMENT			
NATURE OF CONVEYANCE:		ASSIGNMENT			
CONVEYING PARTY D	ΑΤΑ				
		Name Execution D			
GREG HEACOCK			01/13/2015		
RECEIVING PARTY DA	ТА				
Name:	ORTHOAC	ORTHOACCEL TECHNOLOGIES, INC.			
Street Address:	6575 WES	T LOOP SOUTH			
Internal Address:	SUITE 200	SUITE 200			
City:	BELLAIRE	BELLAIRE			
State/Country:	TEXAS	TEXAS			
Postal Code:	77401	77401			
PROPERTY NUMBERS	Total: 3				
Property Type		Number			
Application Number: 6175		57288			
PCT Number:	US1	1336289			
Application Number:	143	90895			
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CORRESPONDENCE D	ΑΤΑ				
Fax Number:					
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		e e-mail address first; if that is unsucc that is unsuccessful, it will be sent via			
	provided; if	e e-mail address first; if that is unsucc that is unsuccessful, it will be sent via ent@boulwarevaloir.com			
<i>using a fax number, if</i> Email:	provided; if a pate	that is unsuccessful, it will be sent via			
<i>using a fax number, if</i> Email: Correspondent Name: Address Line 1:	provided; if pate BOU 3 RI	<i>that is unsuccessful, it will be sent via</i> ent@boulwarevaloir.com ULWARE & VALOIR IVERWAY			
<i>using a fax number, if</i> Email: Correspondent Name: Address Line 1: Address Line 2:	provided; if pate BOU 3 RI SUI	<i>that is unsuccessful, it will be sent via</i> ent@boulwarevaloir.com ULWARE & VALOIR IVERWAY TE 950			
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using a fax number, if Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 4:	provided; if a pate BOU 3 RI SUI HOU	<i>that is unsuccessful, it will be sent via</i> ent@boulwarevaloir.com ULWARE & VALOIR IVERWAY TE 950			
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using a fax number, if Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET NUNAME OF SUBMITTER:	provided; if a pate BOU 3 RI SUI HOU	that is unsuccessful, it will be sent via ent@boulwarevaloir.com ULWARE & VALOIR IVERWAY TE 950 USTON, TEXAS 77056			
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using a fax number, if Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET NUNAME OF SUBMITTER: SIGNATURE:	provided; if a pate BOU 3 RI SUI HOU	that is unsuccessful, it will be sent via ent@boulwarevaloir.com ULWARE & VALOIR IVERWAY TE 950 USTON, TEXAS 77056 OA:009004US CHRIS WEST /Chris West/			
using a fax number, if Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET NUME NAME OF SUBMITTER: SIGNATURE: DATE SIGNED: Total Attachments: 3	provided; if pate BOU 3 RI SUI HOU	that is unsuccessful, it will be sent via ent@boulwarevaloir.com ULWARE & VALOIR IVERWAY TE 950 USTON, TEXAS 77056 OA:009004US CHRIS WEST /Chris West/			

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ASSIGNMENT

WHEREAS, I, Greg HEACOCK, have invented the invention described in the three patent applications titled LASER DENTAL DEVICES, identified in attached Exhibit A (the "APPLICATIONS").

WHEREAS, ORTHOACCEL TECHNOLOGIES INC. ("ASSIGNEE") at 6575 West Loop South, Suite 200, Bellaire, TX 77401, is desirous of acquiring entire right, title and interest in the APPLICATIONS, as well as any letter patent that may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, Greg Heacock, do hereby assign to ASSIGNEE my entire right, title and interest in the PATENT, together with all patents that may issue therefrom anywhere in the world;

AND I further agree to execute any powers of attorney, declarations, oaths and other documents that may be required to perfect such rights, title and interest in ASSIGNEE;

FURTHER I, Greg Heacock, hereby grant Boulware & Valoir the power to perfect and record this assignment.

By signing below as a declarant, each inventor declares the following:

As the named inventor, I hereby declare that this declaration is directed to the application(s) identified on Exhibit A, and that I have read and understood the application including the claims. Further, I acknowledge and understand my duty to disclose material information to the Patent Office.

The above-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.

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.

PATENT REEL: 034705 FRAME: 0295

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OA:009004US

IN WITNESS WHEREOF, I have hereunto set my hand this 13 day of January, 2014. Not Zo 15

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Exhibit A:

APPLICATION NUMBER	FILING DATE	COUNTRY	TITLE
61/757,288	January 28, 2013	US	LASER ORTHODONTIC DEVICES
PCT/US13/36289	April 12, 2013	PCT	LASER ORTHODONTIC DEVICES
14/390,895	October 6, 2014	US	LASER ORTHODONTIC DEVICES