

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT3203830

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
EDWARD RUBLE	01/28/2015
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	ICP MEDICAL, LLC
<b>Street Address:</b>	13720 RIDER TRAIL NORTH
<b>City:</b>	ST. LOUIS
<b>State/Country:</b>	MISSOURI
<b>Postal Code:</b>	63045
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	29516038
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(865)523-4478
<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>Correspondent Name:</b>	WADE R. ORR, ESQ.
<b>Address Line 1:</b>	PO BOX 1871
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<b>ATTORNEY DOCKET NUMBER:</b>	69353.U2
<b>NAME OF SUBMITTER:</b>	WADE R. ORR
<b>SIGNATURE:</b>	/Wade R. Orr/
<b>DATE SIGNED:</b>	01/29/2015
This document serves as an Oath/Declaration (37 CFR 1.63).	
<b>Total Attachments: 2</b>	
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source=69353u2-topto-20150129-Declaration#page2.tif	

**DECLARATION**

As a below named inventor, I declare that this declaration is directed to the patent application entitled

**Curtain System Adapter**

having application serial number \_\_\_\_\_, filed on \_\_\_\_\_ (the Application). The 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 USC §1001 by fine or imprisonment of not more than five years, or both. I grant authority to any receiving intellectual property office to provide access to the Application to any other intellectual property office in which an application claiming priority to the Application is filed.

**POWER OF ATTORNEY**

I appoint the practitioners associated with the customer number, firm, and practitioner named below as my attorney to prosecute this Application and any other applications based thereon and to transact all business in connection therewith, including to make and receive payments, and request that all correspondence be directed to the customer number or addresses below:

Customer number:	00408--> Luedeka Neely Group, P.C.
Law Firm:	Luedeka Neely Group, P.C.
Attn:	Wade R. Orr
Mail:	PO Box 1871, Knoxville TN 37901 US
Email:	WOrr@luedeka.com
Attorney docket:	69353.U2

I grant the above-referenced practitioners the power to insert on this document any further information that may be necessary or desirable to comply with the rules of any relevant governmental office for the recordation of this document.

This document  does  does not include an assignment.

**ASSIGNMENT**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I do hereby sell, assign, and transfer to:

JCP Medical, LLC  
13720 Rider Trail North  
St. Louis, MO 63043

and its successors, assigns, and legal representatives (collectively referred to as "Assignee"), the entire worldwide right, title and interest in and to any all inventions that are disclosed in the Application, and in and to the Application and all applications that have been or shall be filed based thereon; and in and to all rights of priority resulting from the filing of such applications. The Assignee may apply for and receive Letters Patent in its own name.

I will carry out in good faith the intent and propose of this assignment; execute all patent applications based on this Application; execute all needed documents; communicate to the Assignee all facts known to me relating to the invention and the history thereof; do whatever is necessary to secure and maintain patent protection for the invention and vest title to the invention and all applications and patents thereon in the Assignee. I have not made any assignment or other encumbrance or agreement affecting the rights and property herein conveyed, and I possess the full right to convey such rights and property.

I hereby authorize the attorneys named herein to accept and follow the instructions of the Assignee as to any action to be taken regarding this Application without direct communication between the attorneys and myself. I hereby waive any right to revoke such power of attorney and appoint substitute attorneys, and grant all such powers to the Assignee.

SIGNATURE BLOCK FOR INVENTOR

*Edward Ruble*

Edward Ruble

1/28/2015  
Date

Witness signature

Witness name

Witness address

Inventor Residence: 191 Old Chesapeake, Dr., Wentzville, MO 63385  
Inventor Mailing Address: 191 Old Chesapeake, Dr., Wentzville, MO 63385  
Inventor Citizenship: US

SUBSTITUTE STATEMENT WHEN INVENTOR IS NOT AVAILABLE

The undersigned believes the above-named to be the original inventor or an original joint inventor of a claimed invention in the Application. The Application was made or authorized to be made by the undersigned on behalf of the above-named inventor. The undersigned hereby acknowledges that any willful false statement made in this declaration is punishable under 18 USC §1001 by fine or imprisonment of not more than five years, or both. The undersigned's relationship to the inventor to whom this substitute statement applies is:

- legal representative (for deceased or legally incapacitated inventor only),
- assignee,
- entity to which the inventor is under an obligation to assign,
- entity that otherwise has shown a sufficient proprietary interest in the matter (37 CFR 1.46 petition provided), or
- joint inventor.

This substitute statement is necessary because the above-named inventor:

- is deceased,
- is under legal incapacity,
- cannot be found or reached after diligent effort, or
- has refused to execute this declaration.

By

Date

Residence:  
Mailing Address: