

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT3256310

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
KRISTINE SAGRILLO	01/15/2015
BRIAN KAY	01/19/2015
JENNIFER ANN ROUSEY	01/24/2015
RECEIVING PARTY DATA	
Name:	API HEALTHCRE CORPORATION
Street Address:	1550 INNOVATION WAY
City:	HARTLAND
State/Country:	WISCONSIN
Postal Code:	53027
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	29513343
CORRESPONDENCE DATA	
Fax Number:	(262)364-2016
<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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Email:	hctechnologies@ge.com, andria.mitchell@ge.com
Correspondent Name:	WILLIAM KRYGER
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Address Line 4:	WAUWATOSA, WISCONSIN 53226
ATTORNEY DOCKET NUMBER:	279074
NAME OF SUBMITTER:	WILLIAM KRYGER
SIGNATURE:	/William.Kryger/
DATE SIGNED:	03/09/2015
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 5	
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PATENT

REEL: 035114 FRAME: 0198

COMBINED DECLARATION AND GLOBAL ASSIGNMENT
FOR UTILITY OR DESIGN PATENT APPLICATION

As the below named inventor(s), I/we hereby declare that:

This declaration and assignment are directed to:

GRAPHICAL USER INTERFACE FOR A TIME AND ATTENDANCE SYSTEM TO MANAGE
OVERTIME AT A HEALTHCARE FACILITY

- ☐ the specification of which is attached hereto OR
☐ United States application or PCT international application number

_____ filed on _____, as
amended on [date] (if applicable).
(We hereby authorize and request the Company or its delegated attorneys or agents to
insert above the application number and filing date of the application when known.)

The above-identified application was made or authorized to be made by us.

We believe that we are original joint inventors of a claimed invention in the application.

We 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 (5) years, or both.

We have reviewed and understand the contents of the above-identified application,
including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the patentability of this
application as defined in 37 CFR § 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.

In accordance with our obligation(s) under an employment agreement with API Healthcare
Corporation, or (as applicable) arising out of other agreements between API Healthcare
Corporation and our employers, and/or for other good and valuable consideration of which we
acknowledge receipt, I/we,

Inventor First Name	Inventor Middle Name	Inventor Last Name		Residence Town	Residence State	Residence Country
Kristine		SAGRILLO	of	Littleton	CO	US
Brian		KAY	of	Hartford	WI	US
Jennifer	Ann	ROUSEY	of	Highlands Ranch	CO	US

hereby sell and assign to:

Name of Company: <i>API HEALTHCARE CORPORATION</i>
Entity Type (optional):
Address: <i>1550 Innovation Way, Hartford, WI 53027, United States of America</i>

herein referred to as "Company", its successors and assigns our entire respective rights, titles and interests in and to the invention and improvements made or conceived by us described in the application(s) listed above and in the following table:

Country of Filing	Type of Filing	Application Number	Filing Date	Title

(We hereby authorize and request the Company or its delegated attorneys or agents to insert above the application number and filing date of the application(s) when known.)

and any and all applications for patent and patents therefrom in any and all countries, including all divisions, continuations, continuations-in-part, reexaminations, renewals, and reissues thereof, and all rights of priority resulting from the filing of the application(s), and authorize and request any official whose duty it is to issue patents, to issue any patent on the inventions and improvements resulting therefrom to the Company, or its successors or assigns, and agree that on request and without further consideration, we will communicate to the Company or its representatives or nominees any facts known to us 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 Company, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

Remuneration claims of the inventor(s)/assignor(s) potentially arising from German Law on Employee Inventions, or any other respective country law, remain unaffected by this assignment.

INVENTOR 1

Signature: Kristine SAGRILLO
Kristine SAGRILLO

Date: Jan 15, 2015

Witnessed by: Scott Gallagher
Signature

Date: Jan 15, 2015

Scott Gallagher
Printed Name of Witness

Witnessed by: Sherilyn Gallagher
Signature

Date: 1-15-15

Sherilyn Gallagher
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Kristine SAGRILLO Date: _____

STATE OF

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named Kristine SAGRILLO, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)

INVENTOR 2

Signature: [Signature]
Brian KAY

Date: 1/19/15

Witnessed by: [Signature]

Signature

Date: 1/19/15

Jill S. Bares
Printed Name of Witness

Witnessed by: Rena Schwartz
Signature

Date: 1.19.15

Rena Schwartz
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Brian KAY

Date: _____

STATE OF

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named **Brian KAY**, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)

INVENTOR 3

Signature: _____

Jennifer Ann ROUSEY

Date: 01-24-15

Witnessed by: _____

Signature

Date: 01-24-15

Printed Name of Witness

Witnessed by: _____

Signature

Date: 01-24-15

Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Jennifer Ann ROUSEY

Date: _____

STATE OF

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named Jennifer Ann ROUSEY, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)