

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT3298644

|                                                                                                                                                                                                 |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>SUBMISSION TYPE:</b>                                                                                                                                                                         | NEW ASSIGNMENT                   |
| <b>NATURE OF CONVEYANCE:</b>                                                                                                                                                                    | ASSIGNMENT                       |
| <b>CONVEYING PARTY DATA</b>                                                                                                                                                                     |                                  |
| <b>Name</b>                                                                                                                                                                                     | <b>Execution Date</b>            |
| LEE ANN OLSON                                                                                                                                                                                   | 01/10/2012                       |
| PATRICK MOZDZIERZ                                                                                                                                                                               | 01/11/2012                       |
| SCOTT J. PRIOR                                                                                                                                                                                  | 01/11/2012                       |
| <b>RECEIVING PARTY DATA</b>                                                                                                                                                                     |                                  |
| <b>Name:</b>                                                                                                                                                                                    | Tyco Healthcare Group LP         |
| <b>Street Address:</b>                                                                                                                                                                          | 15 Hampshire Street              |
| <b>City:</b>                                                                                                                                                                                    | Mansfield                        |
| <b>State/Country:</b>                                                                                                                                                                           | MASSACHUSETTS                    |
| <b>Postal Code:</b>                                                                                                                                                                             | 02048                            |
| <b>PROPERTY NUMBERS Total: 1</b>                                                                                                                                                                |                                  |
| <b>Property Type</b>                                                                                                                                                                            | <b>Number</b>                    |
| <b>Application Number:</b>                                                                                                                                                                      | 14679529                         |
| <b>CORRESPONDENCE DATA</b>                                                                                                                                                                      |                                  |
| <b>Fax Number:</b>                                                                                                                                                                              | (203)821-2183                    |
| <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> |                                  |
| <b>Phone:</b>                                                                                                                                                                                   | 203-492-5000                     |
| <b>Email:</b>                                                                                                                                                                                   | SurgicalUS@covidien.com          |
| <b>Correspondent Name:</b>                                                                                                                                                                      | COVIDIEN LP                      |
| <b>Address Line 1:</b>                                                                                                                                                                          | 555 LONG WHARF DRIVE             |
| <b>Address Line 2:</b>                                                                                                                                                                          | MAILSTOP 8 N-1, LEGAL DEPARTMENT |
| <b>Address Line 4:</b>                                                                                                                                                                          | NEW HAVEN, CONNECTICUT 06511     |
| <b>ATTORNEY DOCKET NUMBER:</b>                                                                                                                                                                  | H-US-03176CON(203-8507)          |
| <b>NAME OF SUBMITTER:</b>                                                                                                                                                                       | KIMBERLY V. PERRY                |
| <b>SIGNATURE:</b>                                                                                                                                                                               | /Kimberly V. PERRY, Reg. #43612/ |
| <b>DATE SIGNED:</b>                                                                                                                                                                             | 04/06/2015                       |
| <b>Total Attachments: 3</b>                                                                                                                                                                     |                                  |
| source=HUS03176Assignment#page1.tif                                                                                                                                                             |                                  |
| source=HUS03176Assignment#page2.tif                                                                                                                                                             |                                  |
| source=HUS03176Assignment#page3.tif                                                                                                                                                             |                                  |

PATENT

For: ☒ U.S. and/or ☒ Foreign Rights  
 For: ☒ U.S. Application or ☐ U.S. Patent  
 By : ☒ Inventor or ☐ Present Owner

**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,

ASSIGNORS: Lee Ann Olson  
 Patrick Mozdzierz  
 Scott J. Prior

(If assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO add the following)

Recorded on: \_\_\_\_\_  
 Reel \_\_\_\_\_  
 Frame \_\_\_\_\_

hereby sells, assigns and transfers to

ASSIGNEE:

Tyco Healthcare Group LP  
15 Hampshire Street  
Mansfield, MA 02048  
US

and the successors, assigns and legal representatives of the ASSIGNEE

☒ the entire right, title and interest

☐ an undivided \_\_\_\_\_ percent (\_\_\_\_\_% ) interest for the United States and its territorial possessions

☒ and in all foreign countries, including all rights to claim priority, the right to sue for present, past and future infringement, in the United States, its territorial possessions, and in all foreign countries, including all treaty and convention rights in and to the invention and any and all improvements entitled:

**SLIDING SLEEVE FOR CIRCULAR STAPLING INSTRUMENT RELOADS**

and which is found in

- (a) ☐ U.S. patent application executed on even date herewith.
- (b) ☐ U.S. patent application executed on \_\_\_\_\_.
- (c) ☒ U.S. application Serial No. \_\_\_\_\_ filed on \_\_\_\_\_.
- (d) ☐ U.S. provisional application No. \_\_\_\_\_ filed on \_\_\_\_\_.
- (e) ☐ U.S. Patent No. \_\_\_\_\_ issued \_\_\_\_\_.
- (f) ☐ PCT application No. \_\_\_\_\_ filed on \_\_\_\_\_.
- ☐ A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.
- (g) ☒ and any legal equivalent thereof in a foreign country, including the right to claim priority and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, continuation-in-part, divisional, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof.

ASSIGNORS hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment;

ASSIGNORS hereby authorize and request the Commissioner of Patents and Trademarks to issue all such Letters Patent to ASSIGNEE:

ASSIGNORS further covenant to promptly provide all pertinent facts and documents known and accessible to ASSIGNORS relating to said invention and said Letters Patent and legal equivalents; to testify as to the same in any interference, litigation or proceeding related thereto; to execute and deliver any and all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patents which may be granted therefore in said ASSIGNEE, its successors, assigns or other legal representatives; to execute any additional or divisional applications for patents for said invention, or any part or parts thereof, and for the reissue of any Letters Patents to be granted therefore; and to make all rightful oaths and do all lawful acts requisite for procuring the same or for aiding therein, all without further compensation, but at the sole expense of ASSIGNEE, its successors, assigns, or other legal representatives.

ASSIGNORS hereby grant ASSIGNEE and Assignee's attorneys the power to insert the Serial No. and/or filing date of the above-described application(s) after such information becomes known to them.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal.

**WARNING:** Date of signing must be the same as the date of execution of the application if item (a) was checked above.

Lee Ann Olson  
Lee Ann Olson

1-10-12  
(Dated)

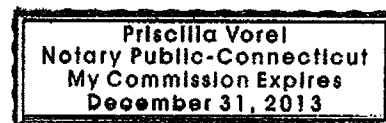
State of Connecticut )  
County of New Haven ) ss

Before me this 10 day of Jan., 2012,

personally appeared Lee Ann Olson to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

Priscilla Vorel  
Notary Public

AFFIX SEAL



Patrick Mozdzierz  
Patrick Mozdzierz

1/11/12  
(Dated)

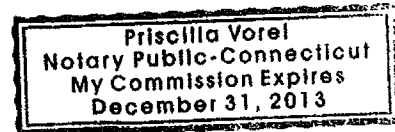
State of Connecticut )  
                                  ) ss  
County of New Haven )

Before me this 11 day of Jan. 2012,

personally appeared **Patrick Mozdzierz** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

Priscilla Vorel  
Notary Public

AFFIX SEAL



Scott J. Prior  
Scott J. Prior

1/11/12  
(Dated)

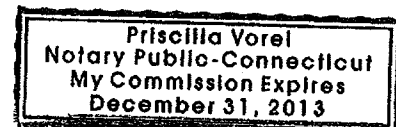
State of Connecticut )  
                                  ) ss  
County of New Haven )

Before me this 11 day of Jan 2012,

personally appeared **Scott J. Prior** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

Priscilla Vorel  
Notary Public

AFFIX SEAL



Page 3 of 3