#### 04/13/2015 503261750

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT3308368

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

#### **CONVEYING PARTY DATA**

Name	Execution Date
FREDERICK E. SHELTON IV	03/24/2015
JASON L. HARRIS	03/30/2015
BRETT E. SWENSGARD	03/27/2015
RICHARD L. LEIMBACH	03/27/2015
SHANE R. ADAMS	03/25/2015
MARK D. OVERMYER	03/25/2015

#### **RECEIVING PARTY DATA**

Name:	ETHICON ENDO-SURGERY, LLC		
Street Address:	475 C STREET		
Internal Address:	SUITE 202		
City:	GUAYNABO		
State/Country:	PUERTO RICO		
Postal Code:	0969		

#### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	14640859

### **CORRESPONDENCE DATA**

Fax Number: (412)355-6501

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: (412) 355-6423

Email: piuspatents@klgates.com **ROBERTO CAPRIOTTI Correspondent Name:** 210 SIXTH AVENUE Address Line 1: Address Line 2: **K&L GATES CENTER** 

Address Line 4: PITTSBURGH, PENNSYLVANIA 15222-2613

ATTORNEY DOCKET NUMBER:	END7559USNP/140484
NAME OF SUBMITTER:	ROBERTO CAPRIOTTI
SIGNATURE:	/Roberto Capriotti/
DATE SIGNED:	04/13/2015

PAIENI REEL: 035397 FRAME: 0001 503261750

# This document serves as an Oath/Declaration (37 CFR 1.63).

#### **Total Attachments: 12**

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PATENT REEL: 035397 FRAME: 0002

US Application No.: 14/640,859

### COMBINED DECLARATION AND ASSIGNMENT

TITLE of Invention: TIME DEPENDENT EVALUATION OF SENSOR DATA TO DETERMINE STABILITY, CREEP, AND VISCOELASTIC ELEMENTS OF MEASURES

As the below named inventor, I hereby declare that:		
This declaration is directed to:		The attached application, or
	$\boxtimes$	The United States application or PCT international application number 14/640,859 filed on March 6, 2015.

The above-identified application ("Application") was made or authorized by me.

I believe that I am the original inventor or an original inventor of a claimed invention or discovery in the Application.

I have reviewed and understood the contents of the Application, including the claims, and I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, the United States Code of Federal Regulations, §1.56 for filings of this Application in the United States of America.

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 for filings of this Application in the United States of America.

For good and valuable consideration, the sufficiency of which is acknowledged, I hereby sell, assign, transfer and set over to and/or have sold, assigned, transferred and set over to:

Ethicon Endo-Surgery, LLC 475 C Street, Suite 202 Guaynabo, 0969, Puerto Rico

a Limited Liability Company of Delaware.

(hereinafter designated as the "Assignee"), my entire right, title, and interest in, to, and under the Application, including all priority rights for other countries arising therefrom, all inventions or discoveries therein disclosed, and any and all Letters Patent of the United States, European Patent Office and of all other countries, including Canada, which may be granted for such inventions or discoveries, or any of them, all such inventions or discoveries and all rights in such Application including any and all substitutions, divisions, and continuations thereof, and to all Letters Patent that may be granted for said inventions and discoveries, and in and to all extensions, supplementary protection certificates, reexaminations, renewals, and reissues thereof, to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

I agree to execute all papers necessary in connection with the Application in the United States, Patent Cooperation Treaty, European Patent Office and any other foreign countries and any continuing, divisional, or reissue applications thereof, any reexamination of any of such applications, and any patent term extensions or supplementary protection certificates of any such applications and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

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US Application No.: <u>14/640,859</u>

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I hereby (i) authorize and request the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from the Application or any divisional, continuation, or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, and (ii) as Assignee of the entire interest, and hereby covenant that I have full right to convey the interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

I hereby grant the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to obtain legal recordation of this document.

EGAL NAME OF INVENTOR	3/24/15
gnatuve	Date /
ACKN	OWLEDGMENT
STATE OF <u>OHIO</u> } SS:	
COUNTY OF <u>HAMILTON</u> }	
Acknowledged before me, a Notary Public, within and	for said County and State. Witness my hand and Notarial Sea
24h day of March,	2015.
KARA N. TULANKO	Karak Julanko
★ Notary Public, State of Ohio My Commission Expires	Notary Public
May 31, 2019	Kara N. Tulanko
ALE OF O	Printed Name
commission expires: May 31, 2019	
•	

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ason L. Harris	
LEGAL NAME OF INVENTOR	
Comp Min	3 30 15
igna (ure	Date
ACKN	OWLEDGMENT
STATE OF <u>OHIO</u> } } SS:	
COUNTY OF HAMILTON }	
2.1	for said County and State. Witness my hand and Notarial Sea  2015.  Notary Public
Notary Public, State of Ohio My Commission Expires May 31, 2019	Kara N. Tulanko Printed Name
y commission expires: May 31, 2019	
y commission expires:	
•	·

US Application No.: 14/640,859

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I hereby grant the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to obtain legal recordation of this document.

Brett E. Swensgard	
LEGAL NAME OF INVENTOR	
	3/27/2015
Signature	Date
ACKNO	OWLEDGMENT
STATE OF OHIO }	
} SS:	
COUNTY OF <u>HAMILTON</u> }	
Acknowledged before me, a Notary Public, within and f	for said County and State. Witness my hand and Notarial Seal
0-16	2015.
TARY PUBLISHED	Lara M. Julanto
KARA N. TULANKO	Notary Public
Notary Public, State of Ohio My Commission Expires	
May 31, 2019	Kara N. Tulanko
	Printed Name
EOFO	
My commission expires: May 31, 2019	
TITY COMMISSION CAPACOT	

US Application No.: 14/640,859

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	3/27/15
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A	ACKNOWLEDGMENT
STATE OF <u>OHIO</u> } SS:	
and the second of the second o	
Acknowledged before me, a Notary Public, within	in and for said County and State. Witness my hand and Notarial State., 2015.
Acknowledged before me, a Notary Public, within day of March  KARA N. TULANKO	Jara a Sulanko
Acknowledged before me, a Notary Public, within 27th day of March  KARA N. TULANKO Notary Public, State of Ohio	Jara a Sulanko
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EGAL NAME OF INVENTOR	- 3/25/2015
gnature (Sex)	Date
•	
A	CKNOWLEDGMENT
STATE OF OHIO } SS: COUNTY OF HAMILTON }	
Acknowledged before me, a Notary Public, within as	a and for said County and State. Witness my hand and Notarial Sea
KARA N. TULANKO	Harak Julanko Notary Public
Notary Public, State of Ohio My Commission Expires May 31, 2019	Kara N. Tulanko Printed Name
commission expires: May 31, 2019	

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I agree to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

I agree to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States, European Patent Office and in all other countries where Assignee may desire to have such inventions or discoveries, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

I hereby (i) authorize and request the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from the Application or any divisional, continuation, or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, and (ii) as Assignee of the entire interest, and hereby covenant that I have full right to convey the interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

I hereby grant the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to obtain legal recordation of this document.

Mark D. Overmyer LEGAL NAME OF INVENTOR	
Wash Con	3/25/2015
Signature	Date
ACKNO	WLEDGMENT
STATE OF <u>OHIO</u> } SS:	
COUNTY OF <u>HAMILTON</u>	
Acknowledged before me, a Notary Public, within and for a large day of March 200, 200	r said County and State. Witness my hand and Notarial Sea
TARY PUBLIC HADA NI TILI ANKO	Karah Julanho Notary Public
Notary Public, State of Ohio My Commission Expires May 31, 2019	·
May 31, 2010	Kara N. Tulanko Printed Name
EUF	
Iy commission expires: May 31, 2019	