

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3311247

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ANDREW T. BECKMAN	03/10/2015
ANIL K. NALAGATLA	03/09/2015
ROBERT L. KOCH JR.	03/09/2015
JOHN A. HIBNER	03/09/2015
FREDERICK E. SHELTON IV	04/14/2015
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:	14633562
CORRESPONDENCE DATA	
Fax Number:	(412)355-6501
<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>	
Phone:	(412) 355-6282
Email:	piuspatents@klgates.com
Correspondent Name:	BRIAN T. GEISLER
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Address Line 2:	K&L GATES CENTER
Address Line 4:	PITTSBURGH, PENNSYLVANIA 15222-2613
ATTORNEY DOCKET NUMBER:	END7539USNP/140464
NAME OF SUBMITTER:	BRIAN T. GEISLER
SIGNATURE:	/Brian T. Geisler/
DATE SIGNED:	04/15/2015
This document serves as an Oath/Declaration (37 CFR 1.63).	

PATENT

Total Attachments: 10

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COMBINED DECLARATION AND ASSIGNMENTTITLE of Invention: SURGICAL APPARATUS CONFIGURED TO TRACK AN END-OF-LIFE PARAMETER

As the below named inventor, I hereby declare that:

This declaration is directed to: ☐ The attached application, or

☒ The United States application or PCT international application
number 14/633,562 filed on February 27, 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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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.

Andrew T. Beckman

LEGAL NAME OF INVENTOR

Andrew T. Beckman

Signature

03/10/2015

Date

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal
this 10th day of March, 2015.



KARA N. TULANKO
Notary Public, State of Ohio
My Commission Expires
May 31, 2019

Kara N. Tulanko
Notary Public

Kara N. Tulanko
Printed Name

My commission expires: May 31, 2019

COMBINED DECLARATION AND ASSIGNMENT

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Anil K. Nalagatla

LEGAL NAME OF INVENTOR

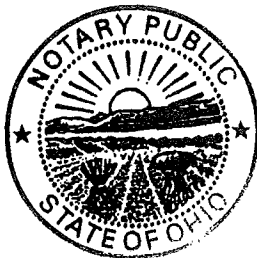
Anil Nalagatla
Signature

3/9/2015
Date

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal
this 9th day of March, 2015.



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My Commission Expires
May 31, 2019

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Notary Public

Kara N. Tulanko
Printed Name

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Robert L. Koch, Jr.

LEGAL NAME OF INVENTOR

Robert L. Koch, Jr.

Signature

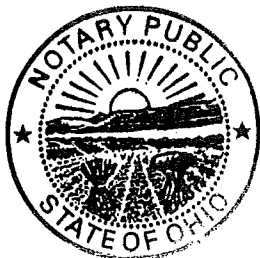
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John A. Hibner

LEGAL NAME OF INVENTOR

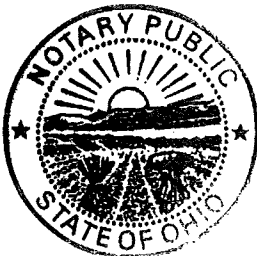
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Frederick E. Shelton, IV
LEGAL NAME OF INVENTOR

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