

PATENT ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

EPAS ID: PAT3399227

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	MITCHELL DEJONGE	01/20/2015
RECEIVING PARTY DATA		
Name:	BISSELL HOMECARE, INC.	
Street Address:	2345 WALKER AVENUE, N.W.	
City:	GRAND RAPIDS	
State/Country:	MICHIGAN	
Postal Code:	49544-2516	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	29530411
CORRESPONDENCE DATA		
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<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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ATTORNEY DOCKET NUMBER:	71189-4105	
NAME OF SUBMITTER:	ERIN E. HALL	
SIGNATURE:	/Erin E Hall/	
DATE SIGNED:	06/16/2015	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 1		
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DECLARATION AND ASSIGNMENT FOR PATENT AND DESIGN APPLICATIONS

TITLE OF INVENTION:

PORTION OF A BOTTLE

As a below named inventor, I hereby declare that:

This declaration is directed to:

- ☒ the attached application
or
☐ United States Application Number or PCT International Application Number filed on

I hereby state that the above identified application was made by me or was authorized by me to be made.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

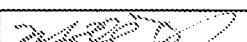
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I 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.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

In consideration of the sum of One Dollar (\$1.00), and other valuable and legally sufficient consideration, the receipt and adequacy of which I hereby acknowledge, I hereby sell, assign, and transfer unto BISSELL HOMECARE, INC., a corporation of the State of Michigan having its principal office and place of business in the City of Grand Rapids, County of Kent, State of Michigan, (hereinafter "Assignee"), its successors and assigns, my entire right, title, and interest in, to, and under the above identified application and the inventions disclosed therein; any Patents of the United States of America that may be obtained in respect thereof; any corresponding applications for Patent and Patents issuing therefor in all other areas of the world; and any reissues, extensions, substitutions, confirmations, divisions, and continuations of any of the foregoing (hereinafter "Invention Rights"), to have and to hold for the sole and exclusive use and benefit of Assignee, its successors and assigns forever.

I hereby covenant and agree to assist and cooperate with Assignee in the preparation and prosecution of any applications included within the Invention Rights and in the prosecution or defense of any review, opposition, or other proceeding that may arise in connection with any applications or Patent included within the Invention Rights and further to execute and deliver to Assignee any and all additional papers that may be requested by Assignee for the purpose of implementing the terms of this Assignment.

Given Name (first and middle [if any])		Family Name or Surname	
Mitchell		DeJonge	
Inventor's Signature		Dated	1/20/2015

On this _____ day of _____, 2014, personally appeared before me the above-named Mitchell DeJonge, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public _____ County, _____

My commission expires: _____

An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form. Use an additional PTO/AIA/01 form for each additional inventor.

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RECORDED: 06/16/2015

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