

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3430381

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
MARK COSTELLO	06/18/2015
CHARLES J. FRENCH III	06/25/2015
GREGORY S. HODGE	06/29/2015
BRIAN LEDWITH	07/06/2015
ADRIAN MC DERMOTT	06/18/2015
KATHLEEN L. PARKER	06/24/2015
NEPHI ZUFELT	06/30/2015
RECEIVING PARTY DATA	
Name:	DEROYAL GLOBAL HEALTHCARE SOLUTIONS LIMITED
Street Address:	12 CAMDEN ROW
City:	DUBLIN 8
State/Country:	IRELAND
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14788010
CORRESPONDENCE DATA	
Fax Number:	(865)523-4478
<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:	865-546-4305
Email:	MEVANS@LUEDEKA.COM
Correspondent Name:	LUEDEKA NEELY GROUP, PC
Address Line 1:	P.O. BOX 1871
Address Line 4:	KNOXVILLE, TENNESSEE 37901
ATTORNEY DOCKET NUMBER:	69778.US/1720.0
NAME OF SUBMITTER:	ROBERT O. FOX
SIGNATURE:	/robertofox/
DATE SIGNED:	07/08/2015
This document serves as an Oath/Declaration (37 CFR 1.63).	

Total Attachments: 8

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DECLARATION

As a below named inventor, I declare that this declaration is directed to the patent application entitled

Adjustable Knee Brace

having application serial number 14788010, filed on June 30, 2015 (the Application). The Application was made or authorized to be made by me. I believe that I am the original inventor or an original joint inventor of a claimed invention in the Application. I 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 years, or both. I grant authority to any receiving intellectual property office to provide access to the Application to any other intellectual property office in which an application claiming priority to the Application is filed.

POWER OF ATTORNEY

I appoint the practitioners associated with the customer number, firm, and practitioner named below as my attorney to prosecute this Application and any other applications based thereon and to transact all business in connection therewith, including to make and receive payments, and request that all correspondence be directed to the customer number or addresses below:

Customer number:	00408--> Luedeka Neely Group, P.C.
Law Firm:	Luedeka Neely Group, P.C.
Attn:	Robert O. Fox
Mail:	PO Box 1871, Knoxville TN 37901 US
Email:	RFOX@LUEDEKA.COM
Attorney docket:	Docket No. 69778.US

I grant the above-referenced practitioners the power to insert on this document any further information that may be necessary or desirable to comply with the rules of any relevant governmental office for the recordation of this document.

This document ☒ does ☐ does not include an assignment.

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I do hereby sell, assign, and transfer to:

DeRoyal Global Healthcare Solutions Limited
17 Camden Row
Dublin 8, Ireland

and its successors, assigns, and legal representatives (collectively referred to as "Assignee"), the entire worldwide right, title and interest in and to any all inventions that are disclosed in the Application, and in and to the Application and all applications that have been or shall be filed based thereon; and in and to all rights of priority resulting from the filing of such applications. The Assignee may apply for and receive Letters Patent in its own name.

I will carry out in good faith the intent and propose of this assignment; execute all patent applications based on this Application; execute all needed documents; communicate to the Assignee all facts known to me relating to the invention and the history thereof; do whatever is necessary to secure and maintain patent protection for the invention and vest title to the invention and all applications and patents thereon in the Assignee. I have not made any assignment or other encumbrance or agreement affecting the rights and property herein conveyed, and I possess the full right to convey such rights and property.

I hereby authorize the attorneys named herein to accept and follow the instructions of the Assignee as to any action to be taken regarding this Application without direct communication between the attorneys and myself. I hereby waive any right to revoke such power of attorney and appoint substitute attorneys, and grant all such powers to the Assignee.

SIGNATURE BLOCK FOR INVENTOR

Mark Costello
 Mark Costello
18TH JUNE 2015
 Date

Martina Maloney
 Witness signature
MARTINA MALONEY
 Witness name

Witness address
KILCOLGAN
CO. GALWAY
IRELAND

Inventor Residence: Killmor, The Neale, Co. Mayo, Ireland
 Inventor Mailing Address: Killmor, The Neale, Co. Mayo, Ireland
 Inventor Citizenship: IE

SUBSTITUTE STATEMENT WHEN INVENTOR IS NOT AVAILABLE

The undersigned believes the above-named to be the original inventor or an original joint inventor of a claimed invention in the Application. The Application was made or authorized to be made by the undersigned on behalf of the above-named inventor. The undersigned hereby acknowledges that any willful false statement made in this declaration is punishable under 18 USC §1001 by fine or imprisonment of not more than five years, or both. The undersigned's relationship to the inventor to whom this substitute statement applies is:

- ☐ legal representative (for deceased or legally incapacitated inventor only),
☐ assignee,
☐ entity to which the inventor is under an obligation to assign,
☐ entity that otherwise has shown a sufficient proprietary interest in the matter (37 CFR 1.46 petition provided), or
☐ joint inventor.

This substitute statement is necessary because the above-named inventor:

- ☐ is deceased,
☐ is under legal incapacity,
☐ cannot be found or reached after diligent effort, or
☐ has refused to execute this declaration.

By _____

Date _____

Residence:
 Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

 Charles J. French, III <u>6/25/2015</u> Date	 Witness/signature <u>Tonya S. Sexton</u> Witness name	Witness address <u>2524 Fairmont Blvd.</u> <u>Knoxville, TN 37917</u>
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Inventor Residence:	1454 Old Hickory Lane, Lenoir City, TN 37772
Inventor Mailing Address:	1454 Old Hickory Lane, Lenoir City, TN 37772
Inventor Citizenship:	US

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- ☐ joint inventor.

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- ☐ cannot be found or reached after diligent effort, or
- ☐ has refused to execute this declaration.

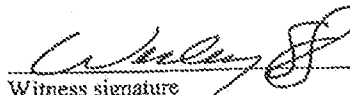
By _____

Date _____

Residence:
Mailing Address:

SIGNATURE BLOCK FOR INVENTOR


 Gregory S. Hodge
6/27/15
 Date


 Witness signature
WESLEY STONE
 Witness name

Witness address
 10344 SAINT REGENCE LANE
 KNOXVILLE, TN 37922

Inventor Residence: 515 Oak Landing Lane, Knoxville, TN 37934
 Inventor Mailing Address: 515 Oak Landing Lane, Knoxville, TN 37934
 Inventor Citizenship: US

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☐ has refused to execute this declaration.

By _____

Date _____

Residence:
 Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

Brian Ledwith
 Brian Ledwith
6/July/2015
 Date

MARTINA MALONEY
 Witness signature
MARTINA MALONEY
 Witness name

Witness address
KILCOLGAN
CO. GALWAY

Inventor Residence:
 Inventor Mailing Address:
 Inventor Citizenship:

Palm Hill House, Kiltroque, Clonsilla, Co. Galway, Ireland
 Palm Hill House, Kiltroque, Clonsilla, Co. Galway, Ireland
 IE

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☐ has refused to execute this declaration.

By

Date

Residence:
 Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

Adrian Mc Dermott
 Adrian Mc Dermott
18th JUNE 2015
 Date

MARTINA MALONE
 Witness signature
MARTINA MALONE
 Witness name

Witness address
KILCOLGAN
CO. GALWAY
IRELAND

Inventor Residence:
 Inventor Mailing Address:
 Inventor Citizenship:

Killian, Newbridge, Ballinasloe, Co. Galway, Ireland
 Killian, Newbridge, Ballinasloe, Co. Galway, Ireland
 IE

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☐ has refused to execute this declaration.

By _____

Date _____

Residence:
 Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

Kathleen L. Parker
 Kathleen L. Parker
6/24/2015
 Date

Jonathan Cayce
 Witness signature
Jonathan Cayce
 Witness name

Witness address
200 DeBusk LN
37849 Knoxville TN

Inventor Residence: 1025 Luttrell Street, Knoxville, TN 37917
 Inventor Mailing Address: 1025 Luttrell Street, Knoxville, TN 37917
 Inventor Citizenship: US

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By _____

Date _____

Residence:
 Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

M. J. Zufelt
 M. J. Zufelt
6-30-15
 Date

Elizabeth Zufelt
 Witness signature
 Elizabeth Zufelt
 Witness name

Witness address
 9020 Royal Melbourne Circle
 Peyton, CO, 80831

Inventor Residence: 9020 Royal Melbourne Circle, Peyton, CO 80831
 Inventor Mailing Address: 9020 Royal Melbourne Circle, Peyton, CO 80831
 Inventor Citizenship: US

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By _____ Date _____

Residence:
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