PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

EPAS ID: PAT3475957

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
FREDERICK E. SHELTON IV	06/23/2015
SORA RHEE	06/19/2015
CHESTER O. BAXTER III	06/29/2015
TAYLOR W. ARONHALT	06/29/2015

RECEIVING PARTY DATA

Name:	ETHICON ENDO-SURGERY, INC.		
Street Address: 4545 CREEK ROAD			
City: CINCINNATI			
State/Country: OHIO			
Postal Code:	45242		

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	14722593

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) 355-8690

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

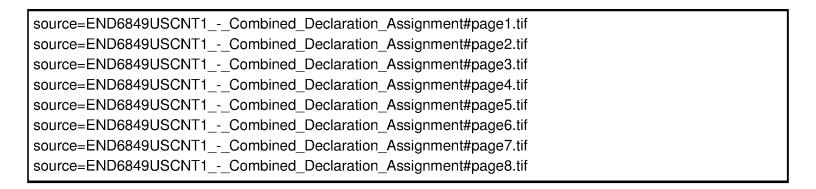
Address Line 4: PITTSBURGH, PENNSYLVANIA 15222-2613

ATTORNEY DOCKET NUMBER:	END6849USCNT1/100534CON1			
NAME OF SUBMITTER:	RAGAE M. GHABRIAL			
SIGNATURE: /Ragae M. Ghabrial/				
DATE SIGNED:	08/10/2015			
	This document serves as an Oath/Declaration (37 CFR 1.63).			

Total Attachments: 8

PATENT REEL: 036288 FRAME: 0262

503429324



PATENT REEL: 036288 FRAME: 0263

COMBINED DECLARATION AND ASSIGNMENT

TITLE of Invention: TISSUE THICKNESS COMPENSATOR COMPRISING PORTIONS HAVING DIFFERENT PROPERTIES

	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 14/722,593 filed on May 27, 2015.		
	The above-identified application	("Applica	tion") 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 ation which is material to patental application in the United States of A	ility as de	ents of the Application, including the claims, and I acknowledge the duty to disclose efined in Title 37, the United States Code of Federal Regulations, §1.56 for filings of		
impriso	I hereby acknowledge that any value of not more than five (5) ye	willful fals ears, or bo	the statement made in this declaration is punishable under 18 U.S.C. § 1001 by fine or the for filings of this Application in the United States of America.		
and/or l	For good and valuable considerates and assigned, transferred and		sufficiency of which is acknowledged, I hereby sell, assign, transfer and set over to to:		
			Ethicon Endo-Surgery, Inc. 4545 Creek Road Cincinnati, Ohio 45242		

A corporation of the state or country of Ohio

(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.

I agree to execute all papers necessary in connection with any litigation or any other administrative or judicial proceeding in the United States, Patent Cooperation Treaty, European Patent Office and any other foreign countries concerning the Application(s) or any continuation, divisional, or reissue applications thereof, or any reexamination of any such applications, or any Letters Patent issued therefrom and any patent term extensions or supplementary protection certificates of any such applications and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with such litigation or proceeding.

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.

Frederick E. Shelton, IV	
LEGAL NAME OF INVENTOR	
Just Elle #	<u>le /23/15</u>
Signature	Date
•	
ACKNO	OWLEDGMENŢ
STATE OF OHIO }	
} SS:	
COUNTY OF <u>HAMILTON</u> }	
Acknowledged before me, a Notary Public, within and	for said County and State. Witness my hand and Notarial Seal
and Tune	2015.
this	2013.
OTARY PUBL	Lara A. Julanto
KARA N. TULANKO	Notary Public
★ Notary Public, State of Ohio	, and a
My Commission Expires May 31, 2019	Kara N. Tulanko
Way 31, 2019	Printed Name
FOFO	2.4440.2.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
My commission expires: May 31, 2019	
My commission expires.	

Attorney Dc cket No.: END6849USCNT1/100534CON1
US Application No.: 14/722.593

COMBINED DECLARATION AND ASSIGNMENT

TITLE of Invention: TISSUE THICKNESS COMPENSATOR COMPRISING PORTIONS HAVING DIFFERENT PROPERTIES

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 14/722,593 filed on May 27, 2015.		
The above-identified applica	tion ("Applica	tion") 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 unders information which is material to pate this Application in the United States	ntability as de	nts of the Application, including the claims, and I acknowledge the duty to disclose fined in Title 37, the United States Code of Federal Regulations, $\S1.56$ for filings of		
		e statement made in this declaration is punishable under 18 U.S.C. § 1001 by fine or h for filings of this Application in the United States of America.		
For good and valuable cons and/or have sold, assigned, transferred		sufficiency of which is acknowledged, I hereby sell, assign, transfer and set over to		
		Ethicon Endo-Surgery, Inc. 4545 Creek Road Cincinnati, Ohio 45242		
A corporation of the state or country of Ohio				

(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.

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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 rectamination 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.

Sora Rhee	
Signature	<u>06/.19/2015</u> Date
ACKNOV STATE OF <u>PENNSYLVANIA</u> }	VLEDGMENT
COUNTY OF Centre	
Acknowledged before me, a Notary Public, within and for	said County and State. Witness my hand and Notarial Seal
this C day of Time 20	15.
	Andre Levelle
	Printed Name
My commission expires: Jan. 29, 2019	COMMONWEALTH DE PENNSYLVANIA NOTARL LE SEAL Amber Loeffler, Notary Public Patton Twp., Gentre County My Commission Expires Jan. 29, 2019 MEMBER, PENNSYLVANIA & SECCIATION OF NOTARIES

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

The never that I am the original inventor of an original inventor of a claimed an original inventor of a claimed and Lackman data the duty to

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, Inc. 4545 Creek Road Cincinnati, Ohio 45242

A corporation of the state or country of Ohio

(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.

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Chester O. Baxter, III	
LEGAL NAME OF INVENTOR	
OBete	6/29/2015
Signature	Date '
ACKNOWL	EDGMENT
STATE OF <u>OHIO</u> } } SS:	
COUNTY OF HAMILTON	
Acknowledged before me, a Notary Public, within and for sa	aid County and State. Witness my hand and Notarial Seal
this 29 day of June ,2015	
OTARY PUBLISHED	La a Inlanto
KARA N. TULANKO	/ Jack
★ Notary Public, State of Ohio	Notary Public
My Commission Expires May 31, 2019	
Way 31, 2019	Kara N. Tulanko
OF OF	Printed Name
May 21 2010	
My commission expires: May 31, 2019	

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A corporation of the state or country of Ohio

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6-29-2015
Date
V LEDGMENT
r said County and State. Witness my hand and Notarial Sea 115. Notary Public
Kara N. Tulanko Printed Name
1