

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3514474

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ADAM SULLIVAN	08/18/2015
STEVE SZYMKIEWICZ	08/18/2015
THOMAS E. KAIB	08/18/2015
FRANCESCO NICOLO	08/18/2015
RECEIVING PARTY DATA	
Name:	ZOLL MEDICAL CORPORATION
Street Address:	269 MILL ROAD
City:	CHELMSFORD
State/Country:	MASSACHUSETTS
Postal Code:	01824
PROPERTY NUMBERS Total: 2	
Property Type	Number
PCT Number:	US2015039198
Application Number:	14791836
CORRESPONDENCE DATA	
Fax Number:	
<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:	412-471-8815
Email:	webblaw@webblaw.com
Correspondent Name:	THE WEBB LAW FIRM/ZOLL ONE GATEWAY CENTE
Address Line 1:	420 FT. DUQUESNE BLVD.
Address Line 2:	SUITE 1200
Address Line 4:	PITTSBURGH, PENNSYLVANIA 15222
ATTORNEY DOCKET NUMBER:	7069-154817
NAME OF SUBMITTER:	RYAN J. MILLER
SIGNATURE:	/Ryan J. Miller/
DATE SIGNED:	09/04/2015
Total Attachments: 5	

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RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)
Adam Sullivan
Steve Szymkiewicz
Thomas E. Kaib
Francesco Nicolo
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Zoll Medical Corporation
Internal Address: _____
Street Address: 269 Mill Road
City: Chelmsford
State: MA
Country: US Zip: 01824
Additional name(s) & address(es) attached? Yes No


3. Nature of conveyance/Execution Date(s):
Execution Date(s) August 18, 2015
 Assignment Merger
 Security Agreement Change of Name
 Joint Research Agreement
 Government Interest Assignment
 Executive Order 9424, Confirmatory License
 Other _____

4. Application or patent number(s): This document is being filed together with a new application.
A. Patent Application No.(s)
14/791,836
PCT/US2015/039198
B. Patent No.(s)
Additional numbers attached? Yes No

5. Name and address to whom correspondence concerning document should be mailed:
Name: _____
Internal Address: The Webb Law Firm
Street Address: One Gateway Center
420 Ft. Duquesne Blvd., Ste 1200
City: Pittsburgh
State: PA Zip: 15222
Phone Number: 412-471-8815
Fax Number: 412-945-5933
Email Address: assignments@webblaw.com

6. Total number of applications and patents involved: 2
7. Total fee (37 CFR 1.21(h) & 3.41) \$ 0.00
 Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed
 None required (government interest not affecting title)

8. Payment Information
a. Credit Card Last 4 Numbers _____
Expiration Date _____
b. Deposit Account Number _____
Authorized User Name _____

9. Signature:  September 4, 2015
Signature Date
Ryan J. Miller Total number of pages including cover sheet, attachments, and documents:
Name of Person Signing

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

Doc. No.

ASSIGNMENT

WHEREAS, as a below named inventor, I have invented certain new and useful improvements in

SYSTEM AND METHOD FOR DISTINGUISHING A CARDIAC EVENT FROM NOISE
IN AN ELECTROCARDIOGRAM (ECG) SIGNAL

(Invention Title)

for which a United States Provisional Patent application was filed on _____ (mm/dd/yyyy) and bears Application Number _____ (hereinafter "said application").

AND/OR

for which I have this day executed an application for a United States Patent (hereinafter "said application").

AND/OR

for which an application for a United States Patent was filed on 07/06/2015 (mm/dd/yyyy) and bears Application Number 14/791,836 (hereinafter "said application").

AND/OR

for which an international patent application was filed under the Patent Cooperation Treaty on 07/06/2015 (mm/dd/yyyy), bearing Application No. PCT/US2015/039198 (hereinafter "said application").

AND, WHEREAS, Zoll Medical Corporation, a corporation of Massachusetts, having a place of business at 269 Mill Road, Chelmsford, MA, 01824-4105, hereinafter called the "assignee", is desirous of acquiring the entire right, title, and interest in and to said application and the inventions and improvements therein disclosed.

NOW, THEREFORE, for good and valuable consideration paid to me by said assignee, the receipt of which is hereby acknowledged, I as the inventor or as one of the inventors, hereinafter the assignor(s), do hereby assign, sell and transfer unto said assignee the full and exclusive right, title and interest in and to said application and the inventions and improvements therein disclosed for the United States and all foreign countries and any Letters Patent which may issue therefor in the United States and all foreign countries and all divisions, reissues, continuations, continuations-in-part, renewals and/or extensions thereof. Such assignment extends to the full ends of the terms of these applications and patents as fully and entirely as the same would have been held and enjoyed by me had this Assignment not been made.

I hereby authorize and request any attorney associated with The Webb Law Firm, Customer No. 28289, to insert here in parentheses (Application No. _____, filed _____) the filing date and application number of said application when known.

I covenant that I am the lawful owner(s) of said application, inventions and improvements, that the same are unencumbered, that no license has been granted to make, use or vend the said inventions or improvements or any of them, and that I have the full right to make this Assignment.

Application No. 14/791,836

Attorney Docket No. 7069-154817

And for the consideration aforesaid, I agree individually and, if applicable, jointly that I will communicate to said assignee or the representatives thereof any facts known to me respecting said inventions and improvements, and will, upon request but without expense to me, testify in any legal proceedings, sign all lawful papers, execute all divisional, reissue, continuation, continuation-in-part, renewal and/or extension applications, make all rightful oaths, and generally do all other and further lawful acts deemed necessary or expedient by said assignee or by counsel for said assignee to assist or enable said assignee to obtain and enforce full benefits from the rights and interests herein assigned. This Assignment shall be binding upon my heirs, executors, administrators and/or assigns, and shall inure to the benefit of the heirs, executors, administrators, successors and/or assigns, as the case may be, of said assignee.

I. FULL NAME OF ASSIGNOR:

RESIDENCE:

Adam Sullivan

Pittsburgh, PA

EXECUTED this 18th day of AUGUST, 2015

Adam Sullivan

SIGNATURE

STATE of PENNSYLVANIA

COUNTY of ALLEGHENY

On this 18 day of AUGUST, in the year 2015, before me TERESA L. MRAZIK,

a notary public, personally appeared Adam Sullivan,
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

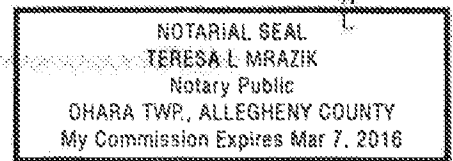
I certify under Penalty of Perjury under the laws of the State of PENNSYLVANIA that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Teresa L. Mrazik

NOTARY PUBLIC

S
E
A
L



Checked Box indicates _____ additional page(s) for inventor signatures.

DOMESTIC

Application No. 14/791,836

Attorney Docket No. 7069-154817

2. FULL NAME OF ASSIGNOR:
Steve Szymkiewicz

RESIDENCE:
Bethel Park, PA

EXECUTED this 18th day of August, 2015

[Signature]
SIGNATURE

STATE of PENNSYLVANIA
COUNTY of ALLEGHENY

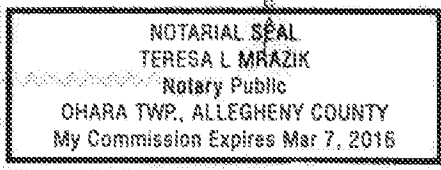
On this 18 day of August, in the year 2015, before me TERESA L. MRAZIK,
DAY MONTH YEAR NOTARY PUBLIC NAME

a notary public, personally appeared Steve Szymkiewicz
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of PENNSYLVANIA that the foregoing paragraph is true and correct.

Witness my hand and official seal.
[Signature]
NOTARY PUBLIC



3. FULL NAME OF ASSIGNOR:
Thomas E. Kaib

RESIDENCE:
Irwin, PA

EXECUTED this 18th day of August, 2015

[Signature]
SIGNATURE

STATE of PENNSYLVANIA
COUNTY of ALLEGHENY

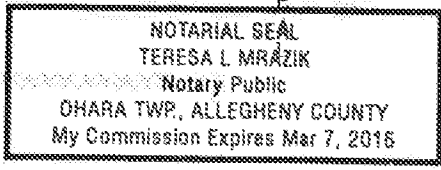
On this 18 day of August, in the year 2015, before me TERESA L. MRAZIK,
DAY MONTH YEAR NOTARY PUBLIC NAME

a notary public, personally appeared Thomas E. Kaib
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of PENNSYLVANIA that the foregoing paragraph is true and correct.

Witness my hand and official seal.
[Signature]
NOTARY PUBLIC



DOMESTIC

Application No. 14/791,836

Attorney Docket No. 7069-154817

4. FULL NAME OF ASSIGNOR:

Francesco Nicolo

RESIDENCE:

Oakmont, PA

EXECUTED this 18TH day of AUGUST, 2015

Francesco Nicolo
SIGNATURE

STATE of PENNSYLVANIA

COUNTY of ALLEGHENY

On this 18 day of AUGUST, in the year 2015, before me TERESA L. MRAZIK
DAY MONTH YEAR NOTARY PUBLIC NAME

a notary public, personally appeared Francesco Nicolo
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of PENNSYLVANIA that the foregoing paragraph is true and correct.

Witness my hand and official seal.
Teresa L. Mrazik
NOTARY PUBLIC

