

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3524566

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
GARY A. FREEMAN	09/02/2015
RECEIVING PARTY DATA	
Name:	ZOLL MEDICAL CORPORATION
Street Address:	269 MILL ROAD
City:	CHELMSFORD
State/Country:	MASSACHUSETTS
Postal Code:	01824-4105
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14816393
CORRESPONDENCE DATA	
Fax Number:	(412)945-5933
<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:	assignments@webblaw.com
Correspondent Name:	ANN M. CANNONI
Address Line 1:	THE WEBB LAW FIRM, P.C.
Address Line 2:	420 FT. DUQUESNE BLVD, SUITE 1200
Address Line 4:	PITTSBURGH, PENNSYLVANIA 15222
ATTORNEY DOCKET NUMBER:	7460-154542
NAME OF SUBMITTER:	ANN M. CANNONI, REG. NO. 35,972
SIGNATURE:	/Ann M. Cannoni/
DATE SIGNED:	09/14/2015
Total Attachments: 3	
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source=154542Assign#page2.tif	
source=154542Assign#page3.tif	

**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)

Gary A. Freeman

2. Name and address of receiving party(ies)

Name: Zoll Medical Corporation

Internal Address: _____

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) September 2, 2015

☒ Assignment

☐ Merger

☐ Security Agreement

☐ Change of Name

☐ Joint Research Agreement

☐ Government Interest Assignment

☐ Executive Order 9424, Confirmatory License

☐ Other _____

Street Address: 269 Mill Road

City: Chelmsford

State: MA

Country: US Zip: 01824-4105

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

☐ This document is being filed together with a new application.

A. Patent Application No.(s)

14/816,393

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Ann M. Cannoni

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: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 0

☐ Authorized to be charged by credit card

☐ Authorized to be charged to deposit account

☐ Enclosed

☐ None required (government interest not affecting title)

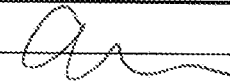
8. Payment Information

a. Credit Card Last 4 Numbers 1916
Expiration Date 05/2018

b. Deposit Account Number 23-0650

Authorized User Name _____

9. Signature:

 Signature

September 14, 2015

Date

Ann M. Cannoni, Reg. No. 35,972

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

3

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.

**PATENT
REEL: 036557 FRAME: 0357**

DOMESTIC
Application No. 14/816,393
Attorney Docket No. 7460-154542

ASSIGNMENT

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

INTEGRATED RESUSCITATION
(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 08/03/2015 (mm/dd/yyyy)
and bears Application Number 14/816,393 (hereinafter "said application").

AND/OR

☐ for which an international patent application was filed under the Patent Cooperation Treaty
on _____ (mm/dd/yyyy), bearing Application No. _____ (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 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.

DOMESTIC

Application No. 14/816,393Attorney Docket No. 7460-154542

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.

1. FULL NAME OF ASSIGNOR:

Gary A. Freeman

RESIDENCE:

Waltham, MAEXECUTED this 2ND day of September, 2015
SIGNATURESTATE of MassachusettsCOUNTY of MiddlesexOn this 2ND day of September, in the year 2015, before me Helen D. Leary

a notary public, personally appeared

Gary A. Freeman

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 Massachusetts that the foregoing paragraph is true and correct.

Witness my hand and official seal.


NOTARY PUBLICS
E
A
L☐ Checked Box indicates _____ additional page(s) for inventor signatures.