

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3623621

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	PHILLIP AMSLER	01/27/2015
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:	14945511	
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>		
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Address Line 2:	420 FT. DUQUESNE BLVD, SUITE 1200	
Address Line 4:	PITTSBURGH, PENNSYLVANIA 15222	
ATTORNEY DOCKET NUMBER:	7069-155842	
NAME OF SUBMITTER:	ANN M. CANNONI, REG. NO. 35,972	
SIGNATURE:	/Ann M. Cannoni/	
DATE SIGNED:	11/19/2015	
Total Attachments: 3		
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source=155842assign#page2.tif		
source=155842assign#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)

Phillip Amsler

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

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

Execution Date(s) January 27, 2015

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

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: 01824-4105

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

4. Application or patent number(s):

☐ This document serves as an Oath/Declaration (37 CFR 1.63).

A. Patent Application No.(s)

14/945,511

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

Docket Number: 7069 - 155842

Email Address: assignments@webblaw.com

6. Total number of applications and patents involved: 1 (one)

7. Total fee (37 CFR 1.21(h) & 3.41) \$0.00

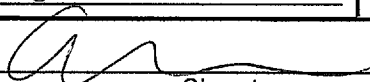
- ☐ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number _____

Authorized User Name _____

9. Signature:



Signature

November 19, 2015

Date

Ann M. Cannoni

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

COPY

DOMESTIC
Application No. 62/082,365
Attorney Docket No. 7069-145097

ASSIGNMENT

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

EXTERNAL CASE FOR A WEARABLE MEDICAL DEVICE

(Invention Title)

☒ for which a United States Provisional Patent application was filed on 11/20/2014 (mm/dd/yyyy) and bears Application Number 62/082,365 (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 _____ (mm/dd/yyyy) and bears Application Number _____ (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. 62/082,365
Attorney Docket No. 7069-145097

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:
Phillip Amsler

RESIDENCE:
Oakmont, PA

EXECUTED this 27 day of JANUARY, 2015

Phillip Amsler
SIGNATURE

STATE of PENNSYLVANIA
COUNTY of ALLEGHENY

On this 27th day of JANUARY, in the year 2015, before me TERESA L. MRAZIK
DAY MONTH YEAR NOTARY PUBLIC NAME

a notary public, personally appeared Phillip Amsler,
NAME OF DOCUMENT SIGNER

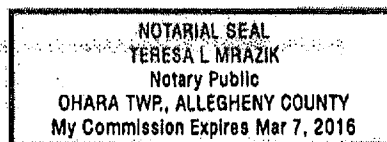
proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

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.