

## PATENT ASSIGNMENT COVER SHEET

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<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
ADAM D. PRUYNE	11/11/2015
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	CARESTREAM HEALTH, INC.
<b>Street Address:</b>	150 VERONA STREET
<b>Internal Address:</b>	CO/PATENT LEGAL STAFF
<b>City:</b>	ROCHESTER
<b>State/Country:</b>	NEW YORK
<b>Postal Code:</b>	14608
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	14936773
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(585)627-8919
<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>	
<b>Phone:</b>	585-627-6716
<b>Email:</b>	patent@carestream.com
<b>Correspondent Name:</b>	CARESTREAM HEALTH, INC.
<b>Address Line 1:</b>	150 VERONA STREET
<b>Address Line 2:</b>	CO/PATENT LEGAL STAFF
<b>Address Line 4:</b>	ROCHESTER, NEW YORK 14608
<b>ATTORNEY DOCKET NUMBER:</b>	100266
<b>NAME OF SUBMITTER:</b>	LAURIE A. WURTZ
<b>SIGNATURE:</b>	/Laurie A. Wurtz/
<b>DATE SIGNED:</b>	11/20/2015
<b>Total Attachments: 1</b>	
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ASSIGNMENT

For good and valuable consideration received, including salary or payment for the making of inventions, or employee benefits, I/we do hereby assign to Carestream Health, Inc., a Delaware corporation having a principal place of business in Rochester, New York, its successors and assigns, the entire right, title and interest, including priority rights, in and to all of my/our inventions and improvements disclosed in an application for patent for

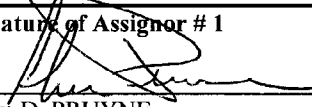
CUSHION RETAINER

which is [check one]

- a non-provisional application for patent executed on the date(s) shown below by:  
 a provisional application for patent by :

Assignor # 1: Adam D. PRUYNE Date November 11, 2015

and [check one]  about to be filed  already filed as USSN: 14/936,773 filed on 11/10/2015 in the United States Patent and Trademark Office, together with said application, and any corresponding or counterpart provisional or non-provisional application, and any divisional, continuation, substitute, reissue, re-examination application thereof, and any applications, including international applications, corresponding or being a counterpart thereto in whole or in part in the United States and all other countries. I/We do hereby acknowledge that I/we were subject to an obligation of assignment to Carestream Health, Inc. with respect to the entire right, title and interest in and to said inventions at the time the inventions were made. I/We also do hereby assign to Carestream Health, Inc. the entire right, title and interest in and to Letters Patent and similar protective rights granted on any of these applications, as well as the right to claim any applicable priority rights arising from any of these applications under the terms of any applicable conventions, treaties, statutes or regulations. I/We agree that any of these applications, at Carestream Health, Inc.'s sole discretion, may be filed and issued in the name of Carestream Health, Inc. or its designee. I/We agree to execute such documents which in the judgment of Carestream Health, Inc. may be necessary to obtain any such patents and similar protective rights and to maintain the title thereto in Carestream Health, Inc. or its designee. I/We further agree that, upon request, but without out-of-pocket expense to myself/ourselves, I/we shall furnish to Carestream Health, Inc. or its designee any data, information, exhibits, memoranda, or other evidence in my/our possession relating to any of said inventions or improvements and shall testify in any ex parte or inter partes legal or administrative proceedings relating thereto. I/We authorize and request issuance of all Letters Patent and similar protective rights that may be granted on any of these applications, to the extent that and in such manner as such issuance shall be requested by Carestream Health, Inc. or its designee. This document shall be governed, construed and interpreted in all respects in accordance with the laws of the State of New York, USA.

Signature of Assignor # 1  Adam D. PRUYNE Date: <u>11/11/15</u> Witnessed: <u>Cindy MacTurk</u>	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
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