

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3666784

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT	
NATURE OF CONVEYANCE:	Corrective Assignment to correct the TYPOGRAPHICAL ERROR IN LOCATION WHERE BAYER HEALTHCARE LLC IS ORGANIZED & EXISTING. CORRECT STATE IS DELAWARE; NOT NEW YORK. previously recorded on Reel 019722 Frame 0285. Assignor(s) hereby confirms the LOCATION OF BAYER HEALTHCARE LLC BEING ORGANIZED AND EXISTING IN THE STATE OF DELAWARE..	
CONVEYING PARTY DATA		
	Name	Execution Date
	ROBERT D. SCHELL	10/29/2015
RECEIVING PARTY DATA		
Name:	BAYER HEALTHCARE LLC	
Street Address:	100 BAYER BOULEVARD	
City:	WHIPPANY	
State/Country:	NEW JERSEY	
Postal Code:	07981	
PROPERTY NUMBERS Total: 1		
Property Type	Number	
Application Number:	11890749	
CORRESPONDENCE DATA		
Fax Number:	(312)977-4405	
<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>		
Email:	ldstewart@nixonpeabody.com	
Correspondent Name:	JOHN C. GATZ	
Address Line 1:	70 WEST MADISON STREET, SUITE 3500	
Address Line 2:	NIXON PEABODY LLP	
Address Line 4:	CHICAGO, ILLINOIS 60602	
ATTORNEY DOCKET NUMBER:	247082-000226USPT	
NAME OF SUBMITTER:	JOHN C. GATZ	
SIGNATURE:	/John C. Gatz--Reg. No. 41774/	
DATE SIGNED:	12/20/2015	
Total Attachments: 4		
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RECORDATION FORM COVER SHEET

U.S. Department of Commerce
Patent And Trademark Office

PATENTS ONLY

1. Name of conveying party(ies):

Name Robert D. Schell

Additional name(s) of conveying party(ies) attached?

☐ Yes ☒ No

2. Name and address of receiving party(ies):

Name: Bayer HealthCare LLC

Internal Address: _____

Street Address: 555 White Plains Road, 5th Floor

City: Tarrytown State: New York 10591 Country: U.S.A.

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

3. Nature of conveyance:

☒ Assignment ☐ Merger

☐ Security Agreement ☐ Change of Name

☐ Other

Execution Date: July 16, 2007

4. Application number(s) or registration number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: John C. Gatz

Internal Address: _____

NIXON PEABODY LLP

Street Address: 161 N. Clark Street, Ste. 4800

City: Chicago State: IL Zip: 60601

6. Total number of applications and patents involved: 1

7. Total fee (37 C.F.R. 3.41)----- \$ 40.00

☐ Enclosed

☒ Authorized to be charged to deposit account if payment is inadequate.

8. Deposit account number:

50-4181 (247082-000226USPT)

(Attach duplicate copy of this page if paying by deposit account)

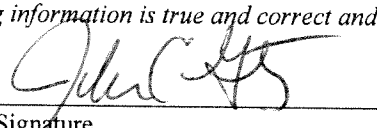
DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

John C. Gatz, Reg. No. 41,774

Name of Person Signing


Signature

August 7, 2007

Date

Total number of pages including cover sheet, attachments and document: 3

Mail documents to be recorded with required cover sheet information to:

Mail Stop Assignment Recordation Services
Director of the U.S. Patent and Trademark Office
P.O. Box 1450 - Alexandria, VA 22313-1450

Customer No. 70001

PATENT
Docket No. MSE-05DC048

ASSIGNMENT

WHEREAS, I, Robert D. Schell, have invented certain new and useful improvements in the following:

SYSTEM AND METHOD FOR TRANSFERRING CALIBRATION DATA

for which an application for United States Letters Patent has been made, said application having been filed on **August 7, 2007**, as Application No. **11/890,749**.

WHEREAS, Bayer HealthCare, LLC, a company organized and existing under the laws of the State of Delaware, having its principal place of business at 100 Bayer Boulevard, Whippany, New Jersey, and formerly having offices at 555 White Plains Road, Tarrytown, New York (hereinafter referred to as "ASSIGNEE"), is desirous of documenting its acquisition, pursuant to my work relationship with ASSIGNEE, of my entire right, title and interest in and to the invention, and in and to the said application and any Letters Patent that may issue thereon;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby acknowledge that, pursuant to my work relationship with ASSIGNEE, my entire right, title, and interest are assigned and transferred, effective at least at the time of the application, unto ASSIGNEE, its successors, assigns and legal representatives in and to said invention and in and to said application and all patents that may be granted therefore, and all provisionals, divisions, reissues, substitutions, continuations, continuation-in-part and extensions thereof; and I hereby acknowledge that the Commissioner of Patents and Trademarks is requested and authorized to issue all patents for said invention, or patents resulting therefrom, insofar as my interest is concerned, to the ASSIGNEE of my entire right, title, and interest.

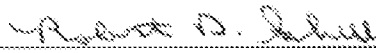
I hereby acknowledge that the rights transferred and assigned to ASSIGNEE, its successors, assigns and legal representatives include the full and exclusive rights, title and interest to the invention disclosed in said application throughout the world, including the right to file applications and obtain patents, utility models, industrial models and designs for said invention in its own name throughout the world, including all rights of priority, all rights to publish cautionary notices reserving ownership of said invention and all rights to register said invention in appropriate registries; and

I further acknowledge that, pursuant to my work relationship with ASSIGNEE, I have agreed to execute any and all powers of attorney, applications, assignments, declarations, affidavits, and any other papers in connection therewith necessary to perfect such rights, title and interest in ASSIGNEE, its successors, assigns and legal representatives.

I hereby further acknowledge that I have agreed that I will communicate to said ASSIGNEE, or its successors, assigns and legal representatives, any facts known to me respecting any improvements; and, at the expense of said ASSIGNEE, to testify in any legal

proceedings, sign all lawful papers, execute all provisional, divisional, continuation, continuation-in-part, reissue and substitute applications, make all lawful oaths, and generally do everything possible to vest title in said ASSIGNEE and to aid said ASSIGNEE, its successors, assigns and legal representatives to obtain and enforce proper protection for said invention in all countries.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29th day of October 2015.


Name: Robert D. Schell
Address: 60232 State Road 15, Lot 4
Goshen, IN 46528