

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT3745362

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	EDWARD LEHMAN	12/21/2015
RECEIVING PARTY DATA		
Name:	POM MEDICAL L.L.C	
Street Address:	1230-5 MADERA RD	
Internal Address:	#101	
City:	SIMI VALLEY	
State/Country:	CALIFORNIA	
Postal Code:	93065	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Patent Number:	8365734
CORRESPONDENCE DATA		
Fax Number:	(866)593-5920	
<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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Correspondent Name:	GOLD & RIZVI, P.A.	
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ATTORNEY DOCKET NUMBER:	1844.0200	
NAME OF SUBMITTER:	H. JOHN RIZVI	
SIGNATURE:	/H. JOHN RIZVI/	
DATE SIGNED:	02/18/2016	
Total Attachments: 3		
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ASSIGNMENT

WHEREAS, We:

(1) Edward Lehman,

residing, respectively, at:

(1) 9016 Spotted Tail Avenue, Las Vegas, NV 89149,

have made an invention entitled:

Multi-Port, Intubation-Permitting, Oxygen Mask,
and

[X] have made application for United States Letters
Patent thereof, filed 04/21/2010, under
Serial No. 12/764,313; and issued as a Patent
No. 8,365,734 on 04/21/2010.

WHEREAS, POM Medical L.L.C, a corporation
organized and existing under the laws of Nevada and having an
office and place of business at 1230-5 Madera Rd #101 Simi
Valley, Ca 93065, is desirous of acquiring the entire interest
in said invention, said United States patent application, and
in any Letters Patent which may issue thereon;

NOW, THEREFORE, be it known that for and in
consideration of my employment by POM Medical L.L.C, and
other good and valuable consideration, I do hereby sell,
assign, and transfer unto the said POM Medical L.L.C, its

successors, assigns, and legal representatives, all right, title, and interest in and to said invention and any improvements thereon for all countries of the world, and in and to said application, including any continuations and divisions thereof, and any substitute applications therefor, and any patent which may issue thereon, and any reissues of the same; and all right, title, and interest in and to every patent application filed on said invention in any other country, including renewals, revivals, continuations, and divisions thereof, and any substitute applications therefor, and any and all patents which may issue thereon, and any reissues and extensions of the same; and we hereby authorize and request competent authorities to grant and issue any and all patents on said invention to the said POM Medical L.L.C as the assignee of the entire interest therein; and we further agree to execute upon request of the assignee such additional documents, if any, as are necessary and proper to secure patent protection on said invention throughout all countries of the world, and otherwise to give full effect to and perfect the rights of the assignee under this Assignment.

IN TESTIMONY WHEREOF, I have hereunto signed my name
on the dates indicated hereinafter:

12/21/15
Date

(1)

Date

(2)

STATE OF Nevada)
COUNTY OF Clark) ss.:

Before me a Notary Public for Said County,
personally appeared Edward Charles-Walter Lehman, to me
known and known to me to be the person who executed the
foregoing instrument and acknowledged it to be a free act and
deed.

Witness my hand and seal Leticia C. Menjivar, 2016.

Edward Lehman
x [Signature]
[Notary Seal]

Notary Public

My Commission expires: 5.21.2019.

