

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3818355

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JEFFREY D. MESSERLY	04/27/2015
EITAN T. WIENER	04/27/2015
BRIAN T. NOYES	03/23/2015
JEFFREY L. ALDRIDGE	04/28/2015
JAMES R. GIORDANO	04/27/2015
ROBERT J. BEETEL III	07/23/2015
DANIEL J. ABBOTT	08/04/2015
FOSTER B. STULEN	04/28/2015
MATTHEW C. MILLER	04/28/2015
AARON C. VOEGELE	04/28/2015
JEFFREY P. WILEY	04/28/2015
NATHAN J. PRICE	01/15/2016
DANIEL W. PRICE	04/28/2015
ROBERT L. KOCH JR.	04/28/2015
RECEIVING PARTY DATA	
Name:	ETHICON ENDO-SURGERY, INC.
Street Address:	4545 CREEK ROAD
City:	CINCINNATI
State/Country:	OHIO
Postal Code:	45242
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14657794
CORRESPONDENCE DATA	
Fax Number:	(412)355-6501
<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) 355-8690
Email:	piuspatents@klgates.com

Correspondent Name: RAGAE M. GHABRIAL
Address Line 1: 210 SIXTH AVENUE
Address Line 2: K&L GATES CENTER
Address Line 4: PITTSBURGH, PENNSYLVANIA 15222-2613

ATTORNEY DOCKET NUMBER: END6427USCNT1/080591CON1

NAME OF SUBMITTER: RAGAE M. GHABRIAL

SIGNATURE: /Ragae M. Ghabrial/

DATE SIGNED: 04/06/2016

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

Total Attachments: 29

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COMBINED DECLARATION AND ASSIGNMENT

TITLE of Invention: DEVICES AND TECHNIQUES FOR CUTTING AND COAGULATING TISSUE

As the below named inventor, I hereby declare that:

This declaration is directed to: ☐ The attached application, or
☒ The United States application or PCT international application
number 14/657,794 filed on March 13, 2015.

The above-identified application ("Application") was made or authorized by me.

I believe that I am the original inventor or an original inventor of a claimed invention or discovery in the Application.

I have reviewed and understood the contents of the Application, including the claims, and I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, the United States Code of Federal Regulations, §1.56 for filings of this Application in the United States of America.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. § 1001 by fine or imprisonment of not more than five (5) years, or both for filings of this Application in the United States of America.

For good and valuable consideration, the sufficiency of which is acknowledged, I hereby sell, assign, transfer and set over to and/or have sold, assigned, transferred and set over to:

Ethicon Endo-Surgery, Inc.
4545 Creek Road
Cincinnati, Ohio 45242

A corporation of the state or country of Ohio

(hereinafter designated as the "Assignee"), my entire right, title, and interest in, to, and under the Application, including all priority rights for other countries arising therefrom, all inventions or discoveries therein disclosed, and any and all Letters Patent of the United States, European Patent Office and of all other countries, including Canada, which may be granted for such inventions or discoveries, or any of them, all such inventions or discoveries and all rights in such Application including any and all substitutions, divisions, and continuations thereof, and to all Letters Patent that may be granted for said inventions and discoveries, and in and to all extensions, supplementary protection certificates, reexaminations, renewals, and reissues thereof, to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

I agree to execute all papers necessary in connection with the Application in the United States, Patent Cooperation Treaty, European Patent Office and any other foreign countries and any continuing, divisional, or reissue applications thereof, any reexamination of any of such applications, and any patent term extensions or supplementary protection certificates of any such applications and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

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I agree to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

I agree to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States, European Patent Office and in all other countries where Assignee may desire to have such inventions or discoveries, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

I hereby (i) authorize and request the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from the Application or any divisional, continuation, or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, and (ii) as Assignee of the entire interest, and hereby covenant that I have full right to convey the interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

I hereby grant the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to obtain legal recordation of this document.

Jeffrey D. Messerly
LEGAL NAME OF INVENTOR

Signature

Date

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal

this 27th day of April, 2015.



KARA N. TULANKO
Notary Public, State of Ohio
My Commission Expires
May 31, 2019

Kara N. Tulanko

Notary Public

Kara N. Tulanko

Printed Name

My commission expires: May 31, 2019

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A corporation of the state or country of Ohio

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I hereby grant the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to obtain legal recordation of this document.

Eitan T. Wiener
LEGAL NAME OF INVENTOR

Eitan Wiener
Signature

4/27/15
Date

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal
this 27th day of April, 2015.



KARA N. TULANKO
Notary Public, State of Ohio
My Commission Expires
May 31, 2019

Kara N. Tulanko
Notary Public

Kara N. Tulanko
Printed Name

My commission expires: May 31, 2019

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4545 Creek Road
Cincinnati, Ohio 45242

A corporation of the state or country of Ohio

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Brian T. Noyes

LEGAL NAME OF INVENTOR


Signature

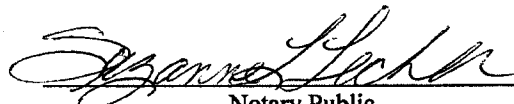
3/23/15
Date

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

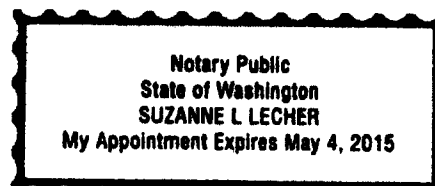
Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal

this 23rd day of March, 2015.


Notary Public

Suzanne L. Lecher
Printed Name

My commission expires: 05/04/15



COMBINED DECLARATION AND ASSIGNMENT

TITLE of Invention: DEVICES AND TECHNIQUES FOR CUTTING AND COAGULATING TISSUE

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4545 Creek Road
Cincinnati, Ohio 45242

A corporation of the state or country of Ohio

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Jeffrey L. Aldridge
LEGAL NAME OF INVENTOR

Signature

Jeffrey L. Aldridge

Date

4-28-15

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal

this 28th day of April, 2015.



KARA N. TULANKO
Notary Public, State of Ohio
My Commission Expires
May 31, 2019

Kara N. Tulanko

Notary Public

Kara N. Tulanko
Printed Name

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James R. Giordano
LEGAL NAME OF INVENTOR

James R. Giordano
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A corporation of the state or country of Ohio

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I hereby grant the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to obtain legal recordation of this document.

Robert J. Beetel, III
LEGAL NAME OF INVENTOR

[Signature]
Signature

7/23/15
Date

ACKNOWLEDGMENT

STATE OF _____ }
COUNTY OF _____ } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal

this _____ day of _____, 2015.

Notary Public

Printed Name

My commission expires: _____

2012

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California)

County of SANTA CLARA)

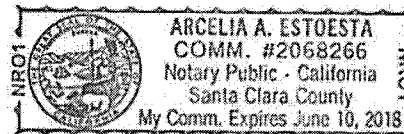
On 07/23/2015 before me, ARCelia A. ESTOESTA, Notary Public
(here insert name and title of the officer)

personally appeared - ROBERT J. BEETEL, III

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

(Seal)

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document

titled/for the purpose of Combined Declaration

+ Assignment

containing 2 pages, and dated 7/23/15

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
☐ Attorney-in-Fact
☐ Corporate Officer(s)

Title(s)

- ☐ Guardian/Conservator
☐ Partner - Limited/General
☐ Trustee(s)
☐ Other:

representing:

Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:

☐ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Additional Signer(s) ☐ Signer(s) Thumbprint(s)

☐

COMBINED DECLARATION AND ASSIGNMENT

TITLE of Invention: DEVICES AND TECHNIQUES FOR CUTTING AND COAGULATING TISSUE

As the below named inventor, I hereby declare that:

This declaration is directed to: ☐ The attached application, or
☒ The United States application or PCT international application
number 14/657,794 filed on March 13, 2015.

The above-identified application ("Application") was made or authorized by me.

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For good and valuable consideration, the sufficiency of which is acknowledged, I hereby sell, assign, transfer and set over to and/or have sold, assigned, transferred and set over to:

Ethicon Endo-Surgery, Inc.
4545 Creek Road
Cincinnati, Ohio 45242

A corporation of the state or country of Ohio

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Daniel J. Abbott

LEGAL NAME OF INVENTOR

[Signature]

Signature

4 AUG 2015

Date

ACKNOWLEDGMENT

STATE OF

OHIO WA

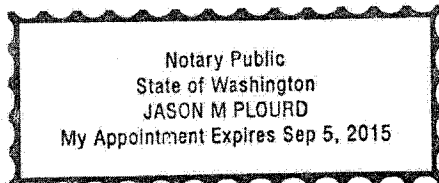
COUNTY OF

Kings

SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal

this 4th day of August, 2015.



[Signature]
Notary Public

Jason M Plourd
Printed Name

My commission expires: 09/05/2015

COMBINED DECLARATION AND ASSIGNMENT

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4545 Creek Road
Cincinnati, Ohio 45242

A corporation of the state or country of Ohio

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Foster B. Stulen

LEGAL NAME OF INVENTOR

Foster B. Stulen

Signature

4/28/2015

Date

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal

this 28th day of April, 2015.



KARA N. TULANKO
Notary Public, State of Ohio
My Commission Expires
May 31, 2019

Kara N. Tulanko

Notary Public

Kara N. Tulanko

Printed Name

My commission expires: May 31, 2019

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A corporation of the state or country of Ohio

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Matthew C. Miller
LEGAL NAME OF INVENTOR

Matthew C. Miller
Signature

4.28.15
Date

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal

this 28th day of April, 2015.



KARA N. TULANKO
Notary Public, State of Ohio
My Commission Expires
May 31, 2019

Kara N. Tulanko
Notary Public

Kara N. Tulanko
Printed Name

My commission expires: May 31, 2019

COMBINED DECLARATION AND ASSIGNMENTTITLE of Invention: **DEVICES AND TECHNIQUES FOR CUTTING AND COAGULATING TISSUE**

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4545 Creek Road
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A corporation of the state or country of Ohio

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Aaron C. Voegelé
LEGAL NAME OF INVENTOR

Aaron C. Voegelé
Signature

4/28/2015
Date

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Jeffrey P. Wiley
LEGAL NAME OF INVENTOR

Signature

Date

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I agree to execute all papers necessary in connection with any litigation or any other administrative or judicial proceeding in the United States, Patent Cooperation Treaty, European Patent Office and any other foreign countries concerning the Application(s) or any continuation, divisional, or reissue applications thereof, or any reexamination of any such applications, or any Letters Patent issued therefrom and any patent term extensions or supplementary protection certificates of any such applications and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with such litigation or proceeding.

I agree to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

I agree to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States, European Patent Office and in all other countries where Assignee may desire to have such inventions or discoveries, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

I hereby (i) authorize and request the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from the Application or any divisional, continuation, or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, and (ii) as Assignee of the entire interest, and hereby covenant that I have full right to convey the interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

I hereby grant the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to obtain legal recordation of this document.

Nathan J. Price
LEGAL NAME OF INVENTOR

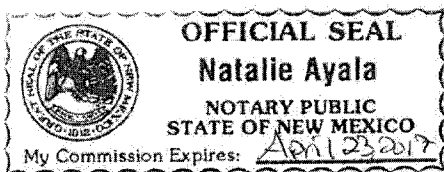

Signature

1-15-2018
Date

ACKNOWLEDGMENT

STATE OF New Mexico }
COUNTY OF Bernalillo } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal
this 15th day of January, 2018.




Notary Public

Natalie Ayala
Printed Name

My commission expires: April 23, 2017

COMBINED DECLARATION AND ASSIGNMENT

TITLE of Invention: DEVICES AND TECHNIQUES FOR CUTTING AND COAGULATING TISSUE

As the below named inventor, I hereby declare that:

This declaration is directed to: ☐ The attached application, or
☒ The United States application or PCT international application
number 14/657,794 filed on March 13, 2015.

The above-identified application ("Application") was made or authorized by me.

I believe that I am the original inventor or an original inventor of a claimed invention or discovery in the Application.

I have reviewed and understood the contents of the Application, including the claims, and I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, the United States Code of Federal Regulations, §1.56 for filings of this Application in the United States of America.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. § 1001 by fine or imprisonment of not more than five (5) years, or both for filings of this Application in the United States of America.

For good and valuable consideration, the sufficiency of which is acknowledged, I hereby sell, assign, transfer and set over to and/or have sold, assigned, transferred and set over to:

Ethicon Endo-Surgery, Inc.
4545 Creek Road
Cincinnati, Ohio 45242

A corporation of the state or country of Ohio

(hereinafter designated as the "Assignee"), my entire right, title, and interest in, to, and under the Application, including all priority rights for other countries arising therefrom, all inventions or discoveries therein disclosed, and any and all Letters Patent of the United States, European Patent Office and of all other countries, including Canada, which may be granted for such inventions or discoveries, or any of them, all such inventions or discoveries and all rights in such Application including any and all substitutions, divisions, and continuations thereof, and to all Letters Patent that may be granted for said inventions and discoveries, and in and to all extensions, supplementary protection certificates, reexaminations, renewals, and reissues thereof, to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

I agree to execute all papers necessary in connection with the Application in the United States, Patent Cooperation Treaty, European Patent Office and any other foreign countries and any continuing, divisional, or reissue applications thereof, any reexamination of any of such applications, and any patent term extensions or supplementary protection certificates of any such applications and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

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I hereby grant the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to obtain legal recordation of this document.

Daniel W. Price

LEGAL NAME OF INVENTOR

Daniel W. Price

Signature

04/28/15

Date

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal

this 28th day of April, 2015.



KARA N. TULANKO
Notary Public, State of Ohio
My Commission Expires
May 31, 2019

Kara N. Tulanko

Notary Public

Kara N. Tulanko

Printed Name

My commission expires: May 31, 2019

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Robert L. Koch, Jr.
LEGAL NAME OF INVENTOR

Robert L. Koch, Jr.
Signature

4/28/2015
Date

ACKNOWLEDGMENT

STATE OF OHIO }
COUNTY OF HAMILTON } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal
this 28th day of April, 2015.



KARA N. TULANKO
Notary Public, State of Ohio
My Commission Expires
May 31, 2019

Kara N. Tulanko
Notary Public

Kara N. Tulanko
Printed Name

My commission expires: May 31, 2019