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SUBMISSION TYPE:		1	NEW ASSIGNMENT			
NATURE OF CONVEYANCE:		4	ASSIGNMENT			
CONVEYING PARTY DA	АТА					
			Name			Execution Date
OSMAN MUSA					(04/27/2016
MARK W. GOSE					(04/27/2016
JERRY W. CAMPBELL					()4/27/2016
RECEIVING PARTY DA	ТА					
Name:	DELPHI TECHNOLOGIES, INC.					
Street Address:	P. O. BOX 5052					
Internal Address:	M/C: 483-400-402					
City:	TROY					
State/Country:	MICHIGAN					
Postal Code:	48007-5052					
			Number			
	Property Type		Number			
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Application Number: CORRESPONDENCE D Fax Number: <i>Correspondence will be</i> <i>using a fax number, if µ</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET NUN IAME OF SUBMITTER:	ATA e sent to provideo	o the e- d; if tha 248-81 kandac DELPH P.O. B0 M/C 48 TROY,	mail address first; if that is at is unsuccessful, it will be 3-1203 ce.k.powell@delphi.com HI TECHNOLOGIES, INC. OX 5052 33-400-402 MICHIGAN 48007-5052 DP-322226 AWRENCE D. HAZELTON			

Total Attachments: 1

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ASSIGNMENT

Pursuant to an agreement with my employer, I formally assign to DELPHI TECHNOLOGIES, INC., the entire right, title and interest, in all countries, in the improvements set forth in the United States patent application **DP-322226** entitled

Switched Mode Power Supply Control

for which I executed a declaration dated as indicated below. If the patent application has been filed, I authorize the Vice President of Delphi Technologies, Inc., or his designate, to insert the application number and filing date of said application here in parentheses (

______ filed ______) when known.

Inventor's signature

FULL NAME:

Osman Musa

Residence:

Kokomo, IN 46902

Inventor's signature

FULL NAME:

Mark W. Gose

Residence:

Kokomo, IN 46902

DATE: 4/27/2016

Declaration Dated:

4/27/2016

DATE: 4/27/2016

Declaration Dated:

4/27/2016

Inventor's signature

him hel Jerry W. Campbell

FULL NAME: Jerry W

Residence:

Carmel, IN 46033

DATE: 4/27/2016

Declaration Dated:

4/27/2016

RECORDED: 04/27/2016