

05/02/2016



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**RECORDATION FORM COVER SHEET
PATENTS ONLY**

4/22/16

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

KENNETH P. GLYNN

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 19 APRIL 2016

- Assignment Merger
- Security Agreement Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other _____

2. Name and address of receiving party(ies)

Name: CLOVER HILL HEALTHCARE, INC

Internal Address: _____

Street Address: 121 STATE HWY 31, SUITE 600

City: FLEMINGTON

State: NJ

Country: US Zip: 08822

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

4. Application or patent number(s):

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

A. Patent Application No.(s)

B. Patent No.(s)

DOCKET NO. CHS-103C

Additional numbers attached? Yes No

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

Name: DEIRDRA M MEAGHER, ESQ

Internal Address: _____

Street Address: 121 STATE HWY 31, SUITE 600

City: FLEMINGTON

State: NJ Zip: 08822

Phone Number: 909 788 0077

Docket Number: CHS-103C

Email Address: INVENTIONSUNLIMITED@YAHOO.COM

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- Authorized to be charged to deposit account
- Enclosed
- None required (government interest not affecting title)

8. Payment Information

04/22/2016 CCHAU1 88880047 14999292
Deposit Account Number _____ 48.00 CF
05 FC:8021

Authorized User Name _____

9. Signature:

Deirdra M Meagher, Esq.
Signature

19 APRIL 2016

Date

DEIRDRA M MEAGHER, ESQ.

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 2

PATENT

ASSIGNMENT OF APPLICATION

Docket Number (Optional):

CHS-103C

Whereas, I/We, Kenneth P. Glynn of Flemington, NJ hereafter referred to as applicant, have invented certain new and useful improvements in Nasal Treatment Delivery Device for Mixed Carbon Dioxide and Saline Treatments

for which an application for a United States Patent was executed on 19 APRIL 2016, having Docket No. CHS-103C,

Whereas, CLOVER HILL HEALTHCARE, INC, hereinafter referred to as "assignee" whose mailing address is 121 State Hwy 31, Suite 600 *Kenn NJ 08825 USA*

Is desirous of acquiring the entire right, title and "interest in the same"


Now, therefore, in consideration of the sum of ten dollars (\$10.00) the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/We hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 19TH of APRIL 2016, at Flemington, NJ 08822

State of New Jersey

SS:

County of Hunterdon



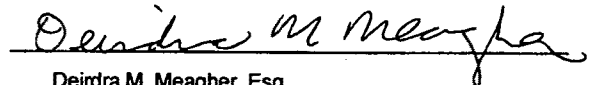
(Signature)

Before me personally appeared said Kenneth P. Glynn

and acknowledged the foregoing instrument to be his free act and deed this 19th

day of April, 2016. Seal (Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.



Deirdra M. Meagher, Esq.

* Total of one forms are submitted.

This form offers a sample or suggested format for an assignment document. This sample form is not an OMB officially approved form.