

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3974129

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
TRISHA A. PAVEL	09/09/2015
JOHN G. CLARK	09/09/2015
EDWARD J. DONNELLY	10/07/2015
THOMAS E. KAIB	08/25/2015
RECEIVING PARTY DATA	
Name:	ZOLL MEDICAL CORPORATION
Street Address:	269 MILL ROAD
City:	CHELMSFORD
State/Country:	MASSACHUSETTS
Postal Code:	01824
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15217132
CORRESPONDENCE DATA	
Fax Number:	(617)395-7070
<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:	(617) 395-7013
Email:	NTHPatents@LALaw.com
Correspondent Name:	LANDO & ANASTASI, LLP
Address Line 1:	RIVERFRONT OFFICE PARK
Address Line 2:	ONE MAIN STREET, SUITE 1100
Address Line 4:	CAMBRIDGE, MASSACHUSETTS 02142
ATTORNEY DOCKET NUMBER:	Z2011-708210
NAME OF SUBMITTER:	NATHAN T. HARRIS
SIGNATURE:	/Nathan T. Harris/
DATE SIGNED:	07/22/2016
Total Attachments: 6	
source=Executed Assignment from Parent#page1.tif	
source=Executed Assignment from Parent#page2.tif	

source=Executed Assignment from Parent#page3.tif
source=Executed Assignment from Parent#page4.tif
source=Executed Assignment from Parent#page5.tif
source=Executed Assignment from Parent#page6.tif

ASSIGNMENT

For good and valuable consideration, the sufficiency and receipt of which is hereby acknowledged, we, the undersigned Trisha A. Pavel of Pittsburgh, PA, John G. Clark of Pittsburgh, PA, Edward J. Donnelly of Allison Park, PA, and Thomas E. Kaib of Irwin, PA hereby:

Sell, assign and transfer to Zoll Medical Corporation, a Massachusetts corporation having a place of business at 269 Mill Road, Chelmsford, Massachusetts 01824, its successors, assigns and legal representatives, all hereinafter referred to as said Assignee, the entire right, title and interest for the United States and all foreign countries, in and to any and all inventions which are disclosed in an application for Letters Patent filed in the United States Patent and Trademark Office on:

July 22, 2015

ENTER FILING DATE ABOVE

under Application Serial No. 62/195,696 and

titled MEDICAL DEVICE INTERACTIONS,

and in and to said application and all continuing, divisional, continuation-in-part, substitute, renewal, reissue and all other applications for Letters Patent which have been or shall be filed in the United States and all foreign countries on said any and all inventions, and in and to all original and reissued patents which have been or shall be issued in the United States and all foreign countries on said any and all inventions including the right to apply for patent rights in each foreign country and all rights to priority; and further including any right to sue for past infringement;

Agree that said Assignee may apply for and receive Letters Patent for said any and all inventions in its own name; and when requested, without charge to but at the expense of said Assignee, We agree to carry out in good faith the intent and purpose of this assignment, by executing all divisional, continuing, substitute, renewal, reissue, and all other patent applications on said any and all inventions, by executing all rightful oaths, assignments, powers of attorney and other papers, by communicating to said Assignee all facts known to relating to said any and all inventions and the history thereof, and generally by doing everything reasonably possible which said Assignee shall consider desirable for aiding in securing and maintaining proper patent protection for said any ~~and~~ all inventions and for vesting title to said any and all inventions and all applications for patents and all patents on said inventions, in said Assignee;

Request the Honorable Commissioner of Patents and Trademarks to issue said Letters Patent to said Assignee; and

Covenant with said Assignee that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by me and that full right to convey the same as herein expressed is possessed by me.

Said Assignee does hereby acknowledge and accept the above sale, assignment and transfer of all the rights, title and interest enumerated above, including but not limited to the right to priority and the right to sue for past infringement.

09-09-15
Date

Trisha A. Pavel
Trisha A. Pavel

STATE/Commonwealth of Pennsylvania
COUNTY OF Allegheny:

On this 9th day of Sept., 2015, before me, the undersigned notary public, personally appeared Trisha A. Pavel, proved to me through satisfactory evidence of identification, which were PA Drivers License, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

NOTARIAL SEAL
TERESA L. MRAZIK
Notary Public
OHARA TWP, ALLEGHENY COUNTY
My Commission Expires Mar 7, 2016

Teresa L. Mrazik
TERESA L. MRAZIK

Printed Name of Notary Public

My commission expires

03-07-16

09-09-15
Date

John G. Clark
John G. Clark

STATE/Commonwealth of Pennsylvania:
COUNTY OF Allegheny:

On this 9th day of Sept., 2015, before me, the undersigned notary public,
personally appeared John G. Clark, proved to me through satisfactory
evidence of identification, which were PA Drivers License, to be the person whose
name is signed on the preceding or attached document, and acknowledged to me that he
signed it voluntarily for its stated purpose.

NOTARIAL SEAL
TERESA L MRAZIK
(SEAL) Notary Public
OHARA TWP, ALLEGHENY COUNTY
My Commission Expires Mar 7, 2016

Teresa L. Mrazik

TERESA L. MRAZIK
Printed Name of Notary Public

My commission expires
03-07-16

COPY

Docket No.: Z2011-708200

Assignment- Page 4 of 6

10-7-15
Date

Edward J. Donnelly
Edward J. Donnelly

STATE/Commonwealth of New York :
COUNTY OF Franklin :

On this 7th day of Oct, 2015, before me, the undersigned notary public,
personally appeared Edward J. Donnelly, proved to me through satisfactory
evidence of identification, which were NY DL license, to be the person whose
name is signed on the preceding or attached document, and acknowledged to me that he
signed it voluntarily for its stated purpose.

JANE M. DENIS
Notary Public, State of New York
Qualified in St. Lawrence County
(SEAL) Reg. No. 01DE6122090
My Commission Expires 2-7-17

Jane M. Denis
Jane M. Denis
Printed Name of Notary Public
My commission expires
Feb 7, 2017

COPY

Docket No.: Z2011-708200

Assignment- Page 5 of 6

Date

8/25/15

Thomas E. Kaib

Thomas E. Kaib

STATE/Commonwealth of Pennsylvania:
COUNTY OF Allegheny:

On this 25th day of AUG., 2015, before me, the undersigned notary public,
personally appeared THOMAS E. KAIB, proved to me through satisfactory
evidence of identification, which were PA DRIVER'S LICENSE, to be the person whose
name is signed on the preceding or attached document, and acknowledged to me that he
signed it voluntarily for its stated purpose.

NOTARIAL SEAL
TERESA L. MRAZIK
(SEAL) Notary Public
OHARA TWP, ALLEGHENY COUNTY
My Commission Expires Mar 7, 2016

Teresa L. Mrazik
TERESA L. MRAZIK
Printed Name of Notary Public

My commission expires

03-07-16

PATENT

REEL: 039227 FRAME: 0142

By: Zoll Medical Corporation

Date 9/24/2015Signature *Sivananda Reddy*SIVAWANDA K REDDY

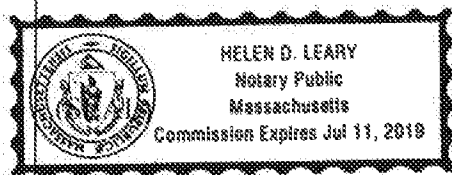
Printed Name of Signor

IP COUNSEL

Title/Authority of Signor

STATE/Commonwealth of Massachusetts
COUNTY OF Middlesex

On this 24th day of September 2015, before me, the undersigned notary public, personally appeared Sivananda Reddy, proved to me through satisfactory evidence of identification, which were known to me, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

*Helen D. Leary*Helen D. Leary

Printed Name of Notary Public

My commission expires

July 11, 2019