

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT4033427

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
YI ZHEN	07/29/2016
HONGLIANG FEI	07/29/2016
SHULONG TAN	07/29/2016
WEI FAN	08/01/2016
RECEIVING PARTY DATA	
Name:	BAIDU USA LLC
Street Address:	1195 BORDEAUX DR.
City:	SUNNYVALE
State/Country:	CALIFORNIA
Postal Code:	94089
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15226249
CORRESPONDENCE DATA	
Fax Number:	(650)856-0542
<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:	650-353-3783
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Correspondent Name:	NORTH WEBER & BAUGH LLP--BAIDU
Address Line 1:	2479 E.BAYSHORE ROAD, SUITE 210
Address Line 4:	PALO ALTO, CALIFORNIA 94303
ATTORNEY DOCKET NUMBER:	28888-2017
NAME OF SUBMITTER:	ROMITA PIROYAN
SIGNATURE:	/ROMITA PIROYAN/
DATE SIGNED:	08/31/2016
Total Attachments: 6	
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source=28888_2017_Assignment_Recordation#page6.tif

ASSIGNMENT

For good and valuable consideration, the receipt of which is hereby acknowledged, the individual(s) named below (hereinafter "INVENTOR" whether singular or plural) has sold, assigned, transferred, and set over, and hereby sells, assigns, transfers and sets over, to Baidu USA LLC, a corporation of the State of California, having a place of business at 1195 Bordeaux Dr., Sunnyvale, CA 94089 ("ASSIGNEE"), for itself and its successors, transferees, and assignees, the following:

1. The full and exclusive worldwide right, title, and interest in and to all inventions and improvements ("SUBJECT MATTER") that are disclosed in the U.S. patent application, entitled "SYSTEMS AND METHODS FOR ESTIMATING HEALTHCARE RESOURCE DEMAND" ("APPLICATION"),

which is a non-provisional application

bearing Application No. 15/226,249, and filed on August 2, 2016.

2. The entire worldwide right, title, and interest in and to the APPLICATION and all applications claiming priority to the APPLICATION or having related SUBJECT MATTER to the APPLICATION, including all such utility, divisional, continuation, substitute, renewal, reissue, international, or other related applications and all rights of priority in the APPLICATION, together with all rights to recover damages for infringement.

INVENTOR hereby authorizes and requests the Commissioner of the U.S. Patent and Trademark Office, and Patent Office Officials in all foreign countries, to issue to the ASSIGNEE any and all patents which may be granted from the APPLICATION.

INVENTOR will, without further consideration, communicate to the ASSIGNEE any facts known to the INVENTOR regarding the SUBJECT MATTER, testify in any legal proceeding, sign all lawful papers, execute all oaths, assignments, powers of attorney, applications and any other paper desired by ASSIGNEE to obtain, perfect, or secure to ASSIGNEE any and all of the rights, titles, and interests herein conveyed, and to maintain, enforce, and defend these rights, titles, and interests in the United States and all foreign countries. INVENTOR further agrees to provide any successor,

Title: SYSTEMS AND METHODS FOR ESTIMATING HEALTHCARE RESOURCE DEMAND
Inventor(s): Yi Zhen *et al.*
Appl. No.: 15/226,249
Filing Date: August 2, 2016
Docket No.: 28888-2017 (BN160513USN7)

assign, or legal representative of ASSIGNEE with the benefits and assistance provided to ASSIGNEE herein.

INVENTOR represents that the INVENTOR, at the time of the execution of this Assignment, is the sole and lawful owner of the entire rights, titles, and interests in and to the SUBJECT MATTER as set forth in the APPLICATION, and that the SUBJECT MATTER is unencumbered, and that the INVENTOR has good and full right and lawful authority to sell and convey the SUBJECT MATTER in the manner herein set forth.

INVENTOR covenants with ASSIGNEE that the INVENTOR has not made and will not hereafter make any assignment, grant, mortgage, license, or other agreement affecting the rights, titles, and interests herein conveyed.

INVENTOR agrees to, and hereby acknowledges, that the ASSIGNEE may apply for and receive patents related to the APPLICATION or SUBJECT MATTER.

INVENTOR grants the attorney of record for the APPLICATION the power to insert on this Assignment any further identification, including the application number and filing date, which may be desirable or necessary to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

This Assignment may be executed in one or more counterparts, each of which shall be deemed an original and all of which may be taken together as one and the same Assignment. INVENTOR signature blocks are located on the following pages.

Title: SYSTEMS AND METHODS FOR ESTIMATING HEALTHCARE RESOURCE DEMAND
Inventor(s): Yi Zhen *et al.*
Appl. No.: 15/226,249
Filing Date: August 2, 2016
Docket No.: 28888-2017 (BN160513USN7)

INVENTOR Name: Yi Zhen

INVENTOR Address: 7277 Ventana Dr.

San Jose, CA 95129

INVENTOR Signature 

Date of Signature: 7/29/2016

Witnessed By: _____
[Print Name]

Witness Signature: _____

Date of Signature: _____

State of _____)

County of _____)

On _____, before me _____ personally appeared,
[Date] [Name and Title of Officer]
_____, who proved to me on the basis of satisfactory evidence to be the
[INVENTOR]

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 _____
that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

Title: SYSTEMS AND METHODS FOR ESTIMATING HEALTHCARE RESOURCE DEMAND
Inventor(s): Yi Zhen *et al.*
Appl. No.: 15/226,249
Filing Date: August 2, 2016
Docket No.: 28888-2017 (BN160513USN7)

INVENTOR Name: Hongliang Fei
INVENTOR Address: 957 Sutter Ave.
Sunnyvale CA 94086

INVENTOR Signature: Hongliang Fei
Date of Signature: 07/29/2016

Witnessed By: _____
[Print Name]

Witness Signature: _____

Date of Signature: _____

State of _____)
County of _____)

On _____, before me _____ personally appeared,
[Date] [Name and Title of Officer]
_____, who proved to me on the basis of satisfactory evidence to be the
[INVENTOR]

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(Seal)

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Inventor(s): Yi Zhen *et al.*
Appl. No.: 15/226,249
Filing Date: August 2, 2016
Docket No.: 28888-2017 (BN160513USN7)

INVENTOR Name: Shulong Tan
INVENTOR Address: 1550 Vista Club Circle, Apt #103
Santa Clara, CA 95054

INVENTOR Signature: 
Date of Signature: July 29, 2016

Witnessed By: _____
[Print Name]

Witness Signature: _____
Date of Signature: _____

State of _____)
County of _____)

On _____, before me _____ personally appeared,
[Date] [Name and Title of Officer]
_____, who proved to me on the basis of satisfactory evidence to be the
[INVENTOR]
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.

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WITNESS my hand and official seal.

Signature _____ (Seal)

Title: SYSTEMS AND METHODS FOR ESTIMATING HEALTHCARE RESOURCE DEMAND
Inventor(s): Yi Zhen *et al.*
Appl. No.: 15/226,249
Filing Date: August 2, 2016
Docket No.: 28888-2017 (BN160513USN7)

INVENTOR Name: Wei Fan
INVENTOR Address: 1166 Morse Avenue Apt #109
Sunnyvale, CA 94089

INVENTOR Signature: *Wei Fan*
Date of Signature: 8/01/2016

Witnessed By: _____
[Print Name]

Witness Signature: _____

Date of Signature: _____

State of _____)
County of _____)

On _____, before me _____ personally appeared,
[Date] [Name and Title of Officer]
_____, who proved to me on the basis of satisfactory evidence to be the
[INVENTOR]
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.

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(Seal)