503992572 09/06/2016

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4039229

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
G. LAWRENCE THATCHER	08/02/2016
ROBERT J. COTTONE	08/01/2016

RECEIVING PARTY DATA

Name:	ORBUSNEICH MEDICAL, INC.
Street Address:	5363 NW 35TH AVENUE
City:	FT. LAUDERDALE
State/Country:	FLORIDA
Postal Code:	33309

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	11781230

CORRESPONDENCE DATA

Fax Number: (914)288-0023

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.

Phone: 914-288-0022

Email: uspto@leasonellis.com
Correspondent Name: LEASON ELLIS LLP
Address Line 1: ONE BARKER AVENUE

Address Line 2: FIFTH FLOOR

Address Line 4: WHITE PLAINS, NEW YORK 10601-1526

ATTORNEY DOCKET NUMBER:	11202/004920-US0
NAME OF SUBMITTER:	MICHAEL A. DAVITZ
SIGNATURE:	/MICHAEL A. DAVITZ/
DATE SIGNED:	09/06/2016

Total Attachments: 2

source=DOC090616#page1.tif source=DOC090616#page2.tif

PATENT 503992572 REEL: 039641 FRAME: 0300

ASSIGNMENT

WHEREAS, WE, **G. Lawrence Thatcher**, a United States Citizen, residing at 77 Linwood Street, Chelmsford, MA 01824, and **Robert J. Cottone**, a United States Citizen, residing at 13040 SW 30th Court, David, FL, 3330, have invented certain new and useful improvements in **BIOABSORBABLE POLYMERIC COMPOSITION FOR A MEDICAL DEVICE** for which a nonprovisional application for patent in the United States was filed as U.S. Serial No. 11/781,230 on July 20, 2007, and issued as a U.S. Patent No. 7,846,361 on December 7, 2010.

AND WHEREAS, OrbusNeich Medical, Inc., with its principal place of business at 5363 NW 35th Avenue, Ft. Lauderdale, FL 33309 is entitled to acquire the entire right, title and interest in and to the invention and the application.

NOW, THEREFORE, for good and valuable consideration, including salary or payment for making the invention or employee benefit, the receipt of which I acknowledge here, I agree to sell, assign and transfer and do hereby sell, assign, and transfer to **OrbusNeich Medical, Inc.**, its successors, legal representatives and assigns, the entire right, title and interest throughout the world in and to the invention, the application, any division, renewal, or continuation of the application, any United States patent which may be granted form the application, any reissue or extension of the application, and all rights of priority under International Conventions and applications for patent which may be filed for the invention in any country foreign to the United States, and any patent which may be granted for the invention in any country foreign to the United States and any extension, renewal and reissue from the patent; and we hereby authorize and request the Commissioner of Patents of the United States, and any Official of any country foreign to the United States, whose duty it is to issue patents on applications as aforesaid, to issue any patent for the invention to **OrbusNeich Medical Inc.**, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND I HEREBY agree that we will communicate to **OrbusNeich Medical Inc.**, its successors, legal representatives and assigns, any fact known to us respecting the invention and testify in any legal proceeding, sign lawful papers, execute any divisional, continuing, and reissue application, make all rightful oaths and generally do everything possible to aid **OrbusNeich Medical Inc.**, its successors, legal reprsentatives and assigns, to obtain and enforce proper patent protection for the invention in any country.

executed the same of his/her own free will for the purposes therein set forth.

proper patent protection for the invention in any country.	
day of August, 2016. IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 2nd	•
STATE OF Massachusetts COUNTY OF Middlesex SS:	
This 2rd day of August , 2016, before me personally came the above-named G. Lawrence Thatcher , to me personally known as the individual who	

{11202/004920-US0/01536735.1}

ende D'ym Notary Public

BRENDA D'AMOUR Commission expires on _

Notary Public Commission expires on _

Commonwealth of Massachusetts

My Commission Expires

March 28, 2019

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this ______

Robert John Cottone

STATE OF Florida COUNTY OF Broward SS: 515 587789

This 1st day of August , 2016, before me personally came the above-named Robert Tohn Co Hon Rto me personally known as the individual who executed the same of his/her own free will for the purposes therein set forth.

Commission expires on $\stackrel{>}{\sim}$

MARILYN SCHMITT **NOTARY PUBLIC** STATE OF FLORIDA Comm# FF195028 Expires 2/2/2019

{11202/004920-US0/01536735.1}

PATENT REEL: 039641 FRAME: 0302

RECORDED: 09/06/2016