504051077 10/14/2016

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4097740

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
KANISHKA RATNAYAKA	10/07/2016

RECEIVING PARTY DATA

Name:	UNITED STATES OF AMERICA, AS REPRESENTED BY THE SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES	
Street Address:	200 INDEPENDENCE AVENUE, S.W.	
City:	WASHINGTON D.C.	
State/Country:	WASHINGTON	
Postal Code:	20201	

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	14788920

CORRESPONDENCE DATA

Fax Number: (812)333-3173

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: 812-333-5355

Email: mmcneil@liellmcneil.com

Correspondent Name: COOK MEDICAL TECHNOLOGIES LLC C/O LIELL

Address Line 1: P.O. BOX 2417

Address Line 2: 511 S. MADISON STREET

Address Line 4: BLOOMINGTON, INDIANA 47402

ATTORNEY DOCKET NUMBER:	PA-7646-RFB
NAME OF SUBMITTER:	MICHAEL B. MCNEIL
SIGNATURE:	/Michael B. McNeil/
DATE SIGNED:	10/14/2016

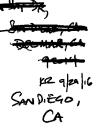
Total Attachments: 3

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PATENT 504051077 REEL: 040019 FRAME: 0722

ASSIGNMENT AND AGREEMENT RATNAYAKA KO 9/10/10/10

WHEREAS I/We, Kanishka Raynayaka, residing at 841 4th Street, NW, Washington, DC-20001, (the "Inventor(s)"), have invented a certain invention or inventions related to "IMPLANTED MAGNETS RETRIEVAL SYSTEM AND METHOD" and being described in US provisional patent application. No. 62/053,949, filed on September 23, 2014, and any and all applications claiming the benefit thereof including the right of priority, and described in U.S. non-provisional patent application No. 14/788,920, filed on July 1, 2015, (the "Invention" or "Inventions").



WHEREAS, the Inventors acknowledge that any of my/our right, title, or interest in the Invention or Inventions aforementioned vest in THE UNITED STATES OF AMERICA, as represented by the Secretary, Department of Health and Human Services [hereinafter THE GOVERNMENT], under Executive Order 10096 and its amendments, 35 USC §§200-201, §§206-207, and §210 and 37 CFR Part 501 to the entire right, title, and interest in such inventions.

WHEREAS, to the extent that any of my/our right, title, or interest in the Invention or Inventions has not been transferred or assigned to Assignee by virtue of an Assignment and Royalty Agreement, Inventors desire to assign to Assignee all of my/our right, title, and interest in, to, or under the Invention or Inventions, and Assignee desires to accept such an assignment.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged:

Inventors hereby sells, assigns and transfers and does hereby confirm any previous contribution, assignment, and transfer, unto Assignee and its successors, assigns, and legal representatives all of my/our right, title and interest in the Invention or Inventions, all of my/our right, title, and interest in the Invention or Inventions being in the United States of America and all other countries and states of the world, and all the rights and privileges in said application and under any and all Letters Patent or any continuation, division, renewal, or substitute thereof, and any reissue or re-examination thereof that may be granted in the United States and in any country or state of the world for the Invention or Inventions (including, without limitation, all proceeds thereof and the rights to sue for past, present and future infringements). I/We sell, assign, and transfer all of my/our right, title and interest in the Invention or Inventions as of the day of signature or of filing of the first filed patent application for the Invention or Inventions, whichever is the earlier.

The Inventor(s) authorizes Assignee to make application for such protection in its own name and maintain such protection in any and all countries foreign to the United States, and to invoke and claim for any application for patent or other form of protection for the Invention or Inventions, without further authorization from me/us, any and all benefits.

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including the right of priority provided by any and all treaties, conventions, or agreements.

The Inventor(s) hereby consents that a copy of this assignment shall be deemed a full legal and formal equivalent of any document that may be required in any country in proof of the right of Assignee to apply for patent or other form of protection for the Invention or Inventions and to claim the aforesaid benefit of the right of priority.

The Inventor(s) requests that any and all patents for the Invention or Inventions be issued to Assignee in the United States and in all countries foreign to the United States, or to such nominees as Assignee may designate.

The Inventor(s) agrees that, when requested, I/we shall, without charge to Assignee, but at their expense, sign all papers, take all rightful oaths, and do all acts that may be necessary, desirable or convenient in connection with said applications, patents, or other forms of protection for the Invention or Inventions.

Date:	Chi	-
	Kanishka Ratnavaka	, Inventor
State of	/ 20	
County of	ss: Beenticetud	
On this personally came Kanishka Ratna	day or	_2016, before me
and who executed the foregoing same.	instrument, and acknowledg	e individual described in ed execution of the
My Commission Expires: _		
	Notary Public	

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California) ss. County of San Diego) Ss. County of San Diego) Ss. On October 7, 2016 before me, Glenne W. Seckelman. Notary Public Name and The of the Officer in and for said State, personally appeared, Kanishka Rattnayaka Name(s) of Signer(s) Signe	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the		
County of San Diego. On October 7, 2016 Date Date Date Name and Title of the Officer in and for said State, personally appeared, Kanishka Ratnayaka who proved to me the basis of satisfactory evidence) to be the person(s) whose name(s) is/ere subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/har/their authorized capacity (ies), and that by his/har/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 California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. OPTIONAL Though this section is optional, completing this information can deter alteration of the document or fraudulent needschinent of this form to an unintended document. Description of Attached Document Title or Type of Document: Date: Number of Pages: Signer's Name: Optional Number of Pages: Signer's Name: Optional Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:	document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.		
County of San Diego On October 7, 2016			
in and for said State, personally appeared, Kanishka Ratnavaka who proved to me the basis of satisfactory evidence) to be the 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/hes/ther authorized capacity (ies), and that by his/hes/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 California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature: WITNESS my hand and official seal. OPTIONAL Though this section is optional, completing this information on an deter attention of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document Title or Type of Document: Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(les) Claimed by Signer(s) Signer's Name: Corporate Officer – Title(s): Individual Partner — Umitted General Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:	•		
who proved to me the basis of satisfactory evidence) to be the 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 California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. GLENNE W. SECKELMAN Commission # 2072474 Notary Public - California San Diego (Place Notary Public - California San Diego (Place Notary Seal Above) OPTIONAL Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document Title or Type of Document: Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(les) Claimed by Signer(s) Signer's Name: Corporate Officer - Title(s):	The state of the s		
subscribed to the within instrument and acknowledged to me that he/she/their signature(s) on 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 California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature: Signature: Signature: OPTIONAL Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document Title or Type of Document: Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(les) Claimed by Signer(s) Signer's Name: Corporate Officer - Title(s):			
paragraph is true and correct. WITNESS my hand and official seal. Signature:	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		
Signature:	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.		
Signature:	GLENNE W. SECKELMAN Commission # 2072474		
OPTIONAL Though this section is optional, completing this information can deter elteration of the document or fraudulent realizachment of this form to an unintended document. Description of Attached Document Title or Type of Document: Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer - Title(s): Individual Partner - Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:	Notary Public - California San Diego County My Comm. Expires Jun 24, 2018		
Though this section is optional, completing this information can deter alteration of the document realtachment of this form to an unintended document. Description of Attached Document Title or Type of Document: Date: Number of Pages:			
Title or Type of Document: Date:	Though this section is optional, completing this information can deter alteration of the document or fraudulent		
Date:	Description of Attached Document		
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer – Title(s): Individual Partner – Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:	Title or Type of Document:		
Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer – Title(s): Individual Partner – Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:	Number of Fages.		
Signer's Name: Corporate Officer – Title(s): Individual Partner – Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:			
Corporate Officer – Title(s):			
Partner - Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:	Corporate Officer – Title(s):		
Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:			
Guardian or Conservator Other: Signer is Representing:	Attorney in Fact		
Other: Signer is Representing:			
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PATENT REEL: 040019 FRAME: 0725

RECORDED: 10/14/2016