

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4114293

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	KEVIN P. COWAN	10/19/2015
	ARTHUR E. UBER III	10/21/2015
	BARRY L. TUCKER	10/21/2015
	RICHARD A. SEMAN	10/20/2015
	MICHAEL J. SWANTNER	10/20/2015
	JAMES A. DEDIG	10/22/2015
	CHRISTOPHER D. CAPONE	10/22/2015
RECEIVING PARTY DATA		
Name:	BAYER HEALTHCARE LLC	
Street Address:	100 BAYER BLVD	
City:	WHIPPANY	
State/Country:	NEW JERSEY	
Postal Code:	07981	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	15334644
CORRESPONDENCE DATA		
Fax Number:		
<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>		
Email:	RIPATENTS@BAYER.COM	
Correspondent Name:	BAYER HEALTHCARE LLC	
Address Line 1:	1 BAYER DRIVE	
Address Line 4:	INDIANOLA, PENNSYLVANIA 15051	
ATTORNEY DOCKET NUMBER:	BHC159020 US01 N	
NAME OF SUBMITTER:	JOSEPH L. KENT REG. NO. 54,216	
SIGNATURE:	/Joseph L. Kent/	
DATE SIGNED:	10/26/2016	
Total Attachments: 5		

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ASSIGNMENT WITH DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Whereas, I/We, the undersigned inventor(s) hereinafter called assignor(s), have invented certain improvements described in the application identified below; and

Whereas, Bayer HealthCare, LLC., a corporation organized and existing under the laws of the State of Delaware and having a place of business at 100 Bayer Boulevard, Whippany, NJ 07981, (assignee), desires to acquire the entire right, title, and interest in the application and invention, and to any United States patents to be obtained therefor;

Now therefore, for valuable consideration, receipt whereof is hereby acknowledged,

I/We, the above named assignor(s), hereby sell, assign and transfer to the above named assignee, its successors, legal representatives, and assigns, the entire right, title and interest in the invention and the application for the United States of America, including all direct and indirect divisions, continuations, and continuations-in-part thereof, and all original, extended, reissued, reviewed, and reexamined Letters Patent of the United States, and all countries foreign thereto, that may be granted thereon, including rights of priority under the International Convention of Paris (1883) as amended, including the right to claim priority under 35 U.S.C. §119, and I/we request the Director of the U.S. Patent and Trademark Office to issue any Letters Patent granted upon the invention set forth in the application to the assignee, its successors and assigns; and I/we hereby agree that the assignee may apply for foreign Letters Patent on the invention and I/we will execute without further consideration all papers deemed necessary by the assignee in connection with the United States and foreign applications when called upon to do so by the assignee, its successors, legal representatives, or assigns. I/We further represent and warrant that I/We have the full right to convey the interest assigned by this assignment, and that I/We have not granted any rights inconsistent with the rights granted herein. I/We further acknowledge an obligation of assignment of this invention to assignee at the time the invention was made and we further irrevocably designate and appoint assignee and its counsel as my/our attorney-in-fact and agent to act for and on my/our behalf to execute and file any document and to do all other lawfully permitted acts to further the purposes of this Agreement with the same legal force and effect as if executed by assignor himself/herself. I/We acknowledge that assignee is the real party in interest to any and all patent applications described in connection with this Agreement, and to any and all patent rights granted thereon.

As the below named inventor I hereby declare that:

This Assignment with Declaration is directed to:

☒ The attached application, or

☐ United States Application or PCT International Application
Number _____ filed on _____ (Confirmation No. _____).

The application is entitled: **System and Method for Syringe Plunger Engagement with an Injector**

The above identified application was made or was authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

I have reviewed and understand the contents of the application and I am aware of the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 CFR 1.56.

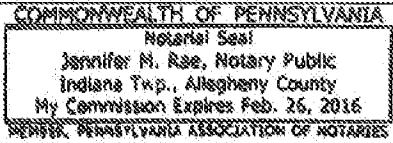
I hereby acknowledge that any willful false statement made in this Assignment with Declaration is punishable under 18 USC 1001 by fine or imprisonment of not more than five (5) years, or both.

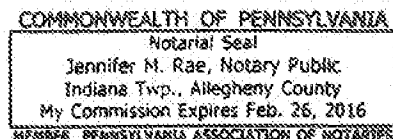
Authorization To Permit Access To Application by Participating Office

☒ If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Office (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, KIPO, or other intellectual property office in which a foreign application claiming priority to the above-identified application is filed to have access to the application.

In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the application-as-filed with respect to: 1) the above-identified patent application-as-filed, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified patent application, and 3) any U.S. application-as-filed from which benefit is sought in the above-identified patent application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Office.

NAME OF SOLE OR FIRST INVENTOR:			
Given Name (first and middle [if any]) Kevin P.		Family Name or Surname: Cowan	
Inventor's signature <i>Kevin P. Cowan</i>		Date 19 OCT 2015	
Residence: City: Allison Park	State: PA	Country: U.S.	Citizenship USA
Mailing Address: 4242 Estates Court, Allison Park, PA 15101 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared <i>Kevin P. Cowan</i> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 19 day of October, 2015.			
Notary Public Signature <i>Jennifer M. Rae</i>		Notary Public Printed Name: Jennifer M. Rae	
[seal]		[stamp] 	

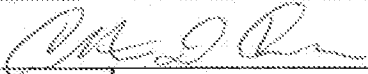
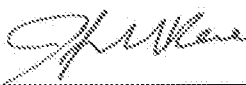
NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any]) Arthur E.		Family Name or Surname: Uber, III	
Inventor's signature <i>Arthur E. Uber, III</i>		Date Oct 21, 2015	
Residence: City: Pittsburgh	State: PA	Country: U.S.	Citizenship US
Mailing Address: 7426 Ben Hur Street, Pittsburgh, PA 15208 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared <i>Arthur E. Uber, III</i> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 21 day of October, 2015.			
Notary Public Signature <i>Jennifer M. Rae</i>		Notary Public Printed Name: Jennifer M. Rae	
[seal]		[stamp] 	

NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any]) Barry L.		Family Name or Surname: Tucker	
Inventor's signature <i>Barry L. Tucker</i>		Date 10-21-15	
Residence: City: Verona	State: PA	Country: U.S.	Citizenship USA
Mailing Address: 219 McGregor Drive, Verona, PA 15147 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared <i>Barry L. Tucker</i> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 21 day of October, 2015.			
Notary Public Signature <i>J. Rae</i>		Notary Public Printed Name: Jennifer M. Rae	
[seal]		[stamp] <div style="border: 1px solid black; padding: 5px; text-align: center;"> COMMONWEALTH OF PENNSYLVANIA Notarial Seal Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES </div>	

NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any]) Richard A.		Family Name or Surname: Seman	
Inventor's signature <i>Richard A. Seman Jr.</i>		Date 10-20-15	
Residence: City: Delmont	State: PA	Country: U.S.	Citizenship USA
Mailing Address: 249 Apple Hill Drive, Delmont, PA 15626 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared <i>Richard A. Seman Jr.</i> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 20 day of October, 2015.			
Notary Public Signature <i>J. Rae</i>		Notary Public Printed Name: Jennifer M. Rae	
[seal]		[stamp] <div style="border: 1px solid black; padding: 5px; text-align: center;"> COMMONWEALTH OF PENNSYLVANIA Notarial Seal Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES </div>	

NAME OF FIFTH INVENTOR:			
Given Name (first and middle [if any]) Michael J.		Family Name or Surname: Swantner	
Inventor's signature <i>Michael J. Swantner</i>		Date 10-20-2015	
Residence: City: Saxonburg	State: PA	Country: U.S.	Citizenship: U.S.A
Mailing Address: 145 Knoch Road, Saxonburg, PA 16056 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared <u>Michael J. Swantner</u> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <u>20</u> day of <u>October</u> , 2015.			
Notary Public Signature <i>Jennifer M. Rae</i>		Notary Public Printed Name: Jennifer M. Rae	
[seal]		[stamp] COMMONWEALTH OF PENNSYLVANIA Notarial Seal Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	

NAME OF SIXTH INVENTOR:			
Given Name (first and middle [if any]) James A.		Family Name or Surname: Dedig	
Inventor's signature <i>James A. Dedig</i>		Date 10/22/2015	
Residence: City: Pittsburgh	State: PA	Country: U.S.	Citizenship: U.S.
Mailing Address: 7 Elmhurst Road, Pittsburgh, PA 15220 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared <u>James A. Dedig</u> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <u>22</u> day of <u>October</u> , 2015.			
Notary Public Signature <i>Jennifer M. Rae</i>		Notary Public Printed Name: Jennifer M. Rae	
[seal]		[stamp] COMMONWEALTH OF PENNSYLVANIA Notarial Seal Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	

NAME OF SEVENTH INVENTOR:			
Given Name (first and middle [if any]) Christopher D.		Family Name or Surname: Capone	
Inventor's signature 		Date Oct 22, 2015	
Residence: City: Pittsburgh	State: PA	Country: U.S.	Citizenship
Mailing Address: 3606 Windsor Court, Harrison City, PA 15636 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared <u>Christopher D. Capone</u> known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <u>22</u> day of <u>October</u> , 20 <u>15</u>			
Notary Public Signature 		Notary Public Printed Name: Jennifer M. Rae	
[seal]		[stamp] <div style="border: 1px solid black; padding: 5px; text-align: center;"> COMMONWEALTH OF PENNSYLVANIA Notarial Seal Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2016 <small>MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES</small> </div>	