

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT4125865

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ANDREW MICHAEL WILLIAMS	11/01/2016
ALEXANDER JOHN GUTTERIDGE	11/01/2016
RECEIVING PARTY DATA	
Name:	INNOVATE ORTHOPAEDICS LIMITED
Street Address:	3M BUCKLEY INNOVATION CENTRE, FIRTH STREET
City:	HUDDERSFIELD
State/Country:	UNITED KINGDOM
Postal Code:	HD1 3BD
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	29583169
CORRESPONDENCE DATA	
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NAME OF SUBMITTER:	DAVID. S. D'ASCENZO
SIGNATURE:	/David S. D'Ascenzo/
DATE SIGNED:	11/02/2016
Total Attachments: 3	
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ASSIGNMENT

WHEREAS, we, Andrew Michael Williams, of London, United Kingdom, and Alexander John Gutteridge, of Huddersfield, United Kingdom, believe we are the inventors of certain improvements in designs for a SCREW, for which a patent application having the above-indicated title was or will be filed with the U.S. Patent and Trademark Office on _____ as Serial No. _____; and

WHEREAS, Innovate Orthopaedics Limited, a United Kingdom company, having its principal place of business at 3M Buckley Innovation Centre, Firth Street, Huddersfield, HD1 3BD, United Kingdom, is desirous of acquiring an interest therein;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which hereby are acknowledged, we, Andrew Michael Williams and Alexander John Gutteridge, have sold, assigned, and transferred, and do hereby sell, assign, and transfer, to Innovate Orthopaedics Limited, its successors and assigns, any and all right, title, and interest we have to the above-identified patent application, to all inventions disclosed in the above-identified patent application, to all patents issuing therefrom, to all applications and patents claiming benefit of or claiming priority to the above-identified patent application, to all PCT, reissue, continuation, and/or divisional patent applications and patents of the above-identified patent application, and to all applications and patents continuing at least in part from the above-identified patent application, in the United States, its territories, and in any and all foreign countries.

We hereby authorize and request the officials in the United States Patent and Trademark Office and in the Patent Office of any and all foreign countries to issue any and all patents, when granted, to Innovate Orthopaedics Limited, or its successors or assigns, as the assignee of our entire right, title, and interest in and to the same.

Further, we hereby acknowledge and agree that at the time of execution of this assignment, we have good and full right and lawful authority to execute this assignment and to convey the above-indicated rights to Innovate Orthopaedics Limited, its successors and assigns. If the serial number and/or filing date of the above-identified patent application are not known or included on this assignment at the time of execution, we hereby authorize Innovate Orthopaedics Limited, and its successors and assigns, to add such serial number and/or filing date hereto.

Further, we agree that we will communicate to Innovate Orthopaedics Limited, or its representatives, any facts known to us regarding the subject matter of the above-identified patent application, all inventions disclosed therein, and the history thereof, and testify in any legal proceedings, sign all lawful papers, execute all related U.S. and foreign patent applications, including PCT patent applications, execute all lawful documents and any assignment papers to effectuate the purpose of this assignment, make all rightful oaths, and generally do everything possible to aid Innovate Orthopaedics Limited, and its successors and assigns, to obtain and enforce proper protection for the inventions and improvements in the United States, its territories, and in any and all foreign countries.



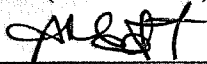
ANDREW MICHAEL WILLIAMS

Date: 1/11/16

Witness:

AILIS McDERMOTT

(Printed Name)

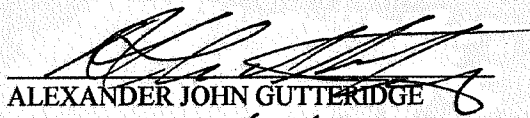


(Signature)

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(City, State)



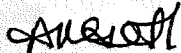
ALEXANDER JOHN GUTTERIDGE

Date: 1/11/16

Witness:

AILIS McDERMOTT

(Printed Name)



(Signature)

(Address)

FORTUS CLINIC

(City, State)