### 504207235 02/01/2017

### PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4253912

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

#### **CONVEYING PARTY DATA**

Name	Execution Date
JOSHUA JAMES MILLER	03/11/2013
DEREK WIEBENSON	03/12/2013
DOUGLAS L. WILKERSON	03/11/2013
NEIL TIWARI	03/13/2013
TIMOTHY G. ROBINSON	03/11/2013
MARC STEVEN MINKUS	03/08/2013
MATTHEW R. MULLER	03/07/2013
ANDERS J. WELLINGS	03/09/2013
KATHRYN LOUISE HANSBRO	03/08/2013
BORUT CIZMAN	03/08/2013
BRIAN S. KUNZEMAN	03/07/2013
ROBIN D. COOPER	03/08/2013
TIMOTHY L. KUDELKA	03/08/2013
ANGELO A. SARTO	03/11/2013
STEVE JOSEPH LINDO	03/14/2013
JOSTEIN BAUSTAD	03/11/2013
DUSTON MOUNTS	03/14/2013
SHAFALI HILL	03/08/2013

### **RECEIVING PARTY DATA**

Name:	BAXTER INTERNATIONAL INC.
Street Address:	ONE BAXTER PARKWAY
City:	DEERFIELD
State/Country:	ILLINOIS
Postal Code:	60015
Name:	BAXTER HEALTHCARE SA
Street Address:	THURGAUERSTRASSE 130
City:	GLATTPARK (OPFIKON)
State/Country:	SWITZERLAND
Postal Code:	CH-8152

PATENT REEL: 041144 FRAME: 0482

504207235

### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	15088966

#### **CORRESPONDENCE DATA**

**Fax Number:** (312)827-8185

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:** 312-372-1121

Email: chicago.patents@klgates.com

Correspondent Name: K&L GATES
Address Line 1: P.O. BOX 1135

Address Line 4: CHICAGO, ILLINOIS 60690-1135

NAME OF SUBMITTER: MATTHEW S. DICKE	
SIGNATURE:	/Matthew S. Dicke/
DATE SIGNED:	02/01/2017

#### **Total Attachments: 19**

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PATENT REEL: 041144 FRAME: 0483



ASSIGNMENT (Joint Inventors)

Serial No. 13/828,900

Filed: March 14, 2013

Attomey Docket No: P6332US01 BX2013T00833 (3712044-03995)

For good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, we hereby assign to **BAXTER INTERNATIONAL INC.**, a corporation of Delaware, having a principal place of business at Deerfield, Illinois, its successors, legal representatives and assigns, and to **BAXTER HEALTHCARE S.A.**, a corporation of Switzerland, having a principal place of business at Glattpark (Opfikon), Switzerland, its successors, legal representatives and assigns (hereinafter jointly referred to as "assignee") the entire right, title and interest throughout the world, to the extent not previously assigned to assignee, in our invention or improvements in

## HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

and, effective as of the date of filing, in the above listed application(s) for Letters Patent therefor, executed by each of us individually, and any and all other patent applications in any and all countries which have been or may hereafter be filed, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of any country which may be obtained on any of the said applications, and in any reissue or extension thereof and any applications that claim priority thereto, including any regional and national stage applications.

We hereby authorize and request the patent offices of all countries to issue to the said assignee all patents that may issue on said invention or improvements. We hereby authorize and request the attomeys of record in said application to insert in this assignment the date and serial number and docket number of said applications when officially known.

We warrant ourselves to be the owners of the interest herein assigned and to have the right to make this assignment; and further warrant that there are no outstanding prior assignments, licenses, or other rights to any person or entity other than the assignee in the interest herein assigned.

For said considerations we hereby agree, upon the request and at the expense of said assignee, its successors, legal representatives and assigns, to execute any and all divisional, continuation, and renewal applications for said invention or improvements, and any necessary oath or supplemental oath or affidavit relating thereto, and any application for the reissue or extension of any Letters Patent that may be granted upon said application, including any regional and national stage applications that claim priority thereto, that said assignee, its successors, legal representatives and assigns may deem necessary or expedient, and for the said considerations we further agree, upon the request of said assignee, its successors, legal representatives and assigns, in the event of said application or any continuation or division thereof, or Letters Patent issued thereon, or any reissue or application for the reissue thereof becoming involved in interference, to cooperate to the best of our ability with said assignee, its successors, legal representatives and assigns in the matters of preparing and executing the preliminary statement and giving and producing evidence in support thereof.

We further agree to perform, upon such request, any and all affirmative acts, including but not limited to execution of any and all documents deemed necessary or expedient by the said assignee or its successors, legal representatives or assigns, to obtain Letters Patent, and vest all rights therein hereby conveyed in the said assignee, its successors, legal representatives and assigns whereby said Letters Patent will be held and enjoyed by the said assignee, its successors, legal representatives and assigns to the end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held and enjoyed by us if this assignment and sale had not been made, and for the said considerations we hereby also assign to said assignee, its successors, legal representatives and assigns the entire right, title and interest in said invention or improvements for any and all foreign countries and the right of priority for patent and utility model applications in all countries arising under any applicable international convention for the protection of industrial property and/or any internal priority legislation of such countries, and we further agree upon the request of said assignee, its successors, legal representatives and assigns to execute any and all documents that shall be required to be executed in connection with any and all applications for foreign Letters Patent therefor, including the prosecution thereof, and to execute any and all documents necessary to invest title in said foreign applications and patents in said assignee.



Serial No.

Filed:

Attorney Docket No: : P6332US01 BX2013T00833 (3712044-03995)

## HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name: Joshua James Miller	Inventor Name: Derek Wiebenson
Date 03/11/2013 Signature Jahn Jan Am	Date Signature
State of	State of
County of Lake	County of
On Collection before me, MARSHA (Notary Public), personally appeared (Notary Public), personally known to me (or proved to me on 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.	On
WITNESS my hand and office seal.	WITNESS my hand and office seal.
Notary Signature Maus La Lampai	Notary Signature
(Seal)	(Seal)

OFFICIAL SEAL
MARSHA L SOMPPI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/07/15

Baxcer

Signature Sheet (Joint Inventors)

Serial No.	Filed:	Attorney Docket No.: P6332US01 BX2013T00833 (3712044-03995)
HOME MEDICAL I	DEVICE SYSTEMS AND METHODS SERVICING AND	FOR THERAPY PRESCRIPTION AND TRACKING, INVENTORY
Inventor Name: Joshu	a James Miller	Inventor Name: Derek Wiebenson
DateSignature		Date 12 March 2013 Signature
State of		State of
County of		County of
Public), personally ap to me (or proved to evidence) to be the subscribed to the with to me that. he/she his/her/their authoriz his/her/their signatu	•	On
Notary Signature		Notary Signature
(Seal)		(Seal)

#### Official Certification

Seen for authentication of the foregoing signature, affixed in our presence by

Mr. <u>Derek WIEBENSON</u>, born 28th July 1973, Nationality: United States of America/USA, according to his information residing at Frohburgstrasse 20a, 8006 Zurich, Switzerland, identified by residence permit B.

Wallisellen, 12th March 2013

BK no. 411 Fee CHF 20.00 **NOTARIAT WALLISELLEN** 

Martin Holliger, Deputy Notary Public

Page 2 of 10



to me (or proved to me on 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	Serial No.	Filed:	Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)
State of	 		•
State of	Inventor Name: Doug	las L. Wilkerson	Inventor Name: Neil Tiwari
State of	Date 3-	11-13	Date
County of	Signature		Signature
On	 State of ILL	w\)	State of
On	County of Lalu	,	County of
Notary Signature Signature Signature	On 3/11-13 bef Public), personally api to me (of proved to evidence) to be the subscribed to the with to me that he/she his/her/their authoriz his/her/their signatur person(s), or the er	peared personally known peared personally known person(s) whose name(s) is/are nin instrument and acknowledged withey executed the same in ed capacity(ies), and that by re(s) on the instrument the nity upon behalf of which the	Public), personally appeared, personally known to me (or proved to me on 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
Signature Signature	WITNESS my hand ar	nd office seal.	WITNESS my hand and office seal.
	Signature	Degleson	Signature

OFFICIAL SEAL
3ONNIE JAE JOHNSON
Notary Public - State of Illinois
My Commission Expires Nov 21, 2013

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				Signature Sheet (Joint Inventors)
Serial No.	Filed:		Attorney Docket No: (3712044-03995)	P6332US01 BX2013T00833
HOME	MEDICAL DEVICE SYSTE	EMS AND METHOD: SERVICING AN		RIPTION AND TRACKING,
		SERVICINO AI	D INVERTORY	
Inventor Na	ame: Douglas L. Wilkerson		Inventor Name: Neil	Tiwari
a galacia			Date 03113	,/ <sub>1</sub> Z
Date Signature			Signature. U	155
. January				
State of			State of Floris	<b>a</b> 100
County of			County of DY=	nge
On	before me.	(Notary	On 3/13/13 be	
Public), pe	ersonally appeared,	, personally known	Public), personally a	ppeared W.T. personally known on the basis of satisfactory
evidence)	proved to me on the ba to be the person(s) who	se name(s) is/are	evidence) to be the	person(s) whose name(s) is/are
√ to me t	to the within instrument a hat he/she/they execute	ed the same in a	to me that he/sl	thin instrument and acknowledged ne/they executed the same in
	eir authorized capacity(ie eir signature(s) on the			zed capacity(les), and that by ure(s) on the instrument the
person(s),	or the entity upon behacted, executed the instru	half of which the		entity upon behalf of which the cuted the instrument.
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Page 3 of 10



Serial No.

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Signature Sheet (Joint Inventors)

Attorney Docket No: P6332US01 BX2013T00833

(3712044-03995)

HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY		
Inventor Name: Timothy G. Robinson	Inventor Name: Marc Steven Minkus	
Date 11 March 2013 Signature Tunalty of Rolms	Date Signature	
State of New Tersey	State of	
County of Hunterdon	County of	
On 3/11/13 before me, Involvy Robin (Notary Public), personally appeared, personally known to me (or proved to me on 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.	On	
WITNESS my hand and office seal.	WITNESS my hand and office seal.	
Notary Signature Claud L Simorile	Notary Signature	

(Seal)

CLAIRE L. SIMONDS

ID # 2340447

NOTARY PUBLIC OF NEW JERSEY

Commission Expires 2/16/16

Filed:



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)

## HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

nventor Name. Himothy G. Robinson	inventor Name, Walc Steven Winkus
Date Signature	Date 03/08/13 Signature Muc. Steven Munkers
State of	State of WA
County of	County of King. On 3/8/13 before me, Renée Roline (Notary
Dnbefore me,(Notary Public), personally appeared, personally known to me (or proved to me on 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.	On 2/8/13 before me, Reflee KOLINE (Notary Public), personally appeared MATC, segrentially knowledged to me (or proved to me on 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.
WITNESS my hand and office seal.	WITNESS my hand and office seal.
Notary Signature	Notary Signature Market Comments (Seal)
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Notary Public
State of Washington
RENEE J ROLINE
MY COMMISSION EXPIRES
March 25, 2013



Serial No.

Filed:

Attorney Docket No: **P6332US01 BX2013T00833** (3712044-03995)

## HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name: Matthew R. Muller	Inventor Name: Anders J. Wellings
Date 3/7/13 Signature Moth A. Mul	Date
State of Tllineis	State of
County of Lake	County of
Public), personally appeared with the personally known to me (or proved to me on 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.	Onbefore me,(Notary Public), personally appeared, personally known to me (or proved to me on 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.
WITNESS my hand and office seal.	WITNESS my hand and office seal.
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(Seal) (/	(Seal)

OFFICIAL SEAL
JULIE A HOFF
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/07/14



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)

HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name: Matthew R. Muller	Inventor Name: Anders J. Wellings
Date	Date 02/69/2013
Signature	Signature Uniting Ally
State of	State of FLORI DA
County of	County of PINELLAS
On	On 3/9/13 before me, AUC STGER, (Notary I N 6 S Public), personally appeared AUC S. Spersonally known to me (or proved to me on 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.  WITNESS my hand and office seal.
Notary Signature	Notary Signature Land Stegen
(Seal)	(Seal)  PAUL STEGER  Commission # EE 1487.57  My Commission Expires  January 15, 2016



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)

## HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name; Kathryn Louise Hansbro	Inventor Name: Borut Cizman
Date 3 8 2013 Signature Katty Hush	Date Signature
State of	State of
County of Lake	County of
On 3/6//3 before me, Am Bush (Notary Public), personally appeared to me, personally known to me (or proved to me on 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.	On
WITNESS my hand and office seal.	WITNESS my hand and office seal.
Notary Signature	Notary Signature
(Seal)	(Seal)

OFFICIAL SEAL ADAM BUBASH Notary Public - State of Illinois My Commission Expires Aug 20, 2014



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)

## HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name: Kathryn Louise Hansbro	Inventor Name: Borut Cizman
DateSignature	Date Much 8, 2013 Signature B. Clarul MD
State of 1 CC ) 2015	State of ILLINOIS B-C
County of LAILE	County of LAKE
Public), personally appeared, personally known to me (or proved to me on 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.	On 3 8 2013 before me, MRSnA 5014 Notary Public), personally appeared 2014 personally known to me (or proved to me on 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.
WITNESS my hand and office seal.	WITNESS my hand and office seal.
Notary Signature	Notary Signature Austra There
(Seal)	(Seal)

OFFICIAL SEAL
MARSHA L SOMPPI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 1207/15

### **Baxter**

OFFICIAL SEAL
BONNIE JAE JOHNSON
Notary Public - State of Illinois
My Commission Expires Nov 21, 2013

Signature Sheet (Joint Inventors)

Serial No.	Filed:	Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)
HOME MEDICAL	DEVICE SYSTEMS AND METHODS SERVICING AND	FOR THERAPY PRESCRIPTION AND TRACKING, DINVENTORY
Inventor Name: Brian	s. Kunzeman	Inventor Name: Robin D. Cooper
Date 3/7/2 Signature 2	6 (3)	Date
State of Illio	ois	State of
County of Lake		County of
Public), personally ap- to me (or proved to evidence) to be the subscribed to the wit to me that he/she his/her/their authoriz his/her/their signatu	peared personally known me on the basis of satisfactory person(s) whose name(s) is/are hin instrument and acknowledged e/they executed the same in the ded capacity(ies), and that by the same in the instrument the ntity upon behalf of which the cuted the instrument.	On
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Serial No.

Filed:

Attorney Docket No: **P6332US01 BX2013T00833** (3712044-03995)

## HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name: Brian S. Kunzeman	Inventor Name: Robin D. Cooper
Date Signature	Date 38 2013 Signature Kin D Form
Signature	
State of	State of Ill, 2015
County of	County of LAKE
On	On 3 8 2.013 before me, NARSHA SON (Notary Public), personally appeared Public, personally appeared Public, personally known to me (or proved to me on 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.
WITNESS my hand and office seal.	WITNESS my hand and office seal.
Notary Signature	Notary Signature  Notary
(Seal)	(Seal)

OFFICIAL SEAL
MARSHA L SOMPPI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/07/15

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MARSHA \_ SOMOU.
NOTARY PUBLIC - STATE D- LL NO!
MY COMMISSION EXPIRES - SUCTS

Page 7 of 10

Serial No.	Filed:	Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)
HOME MEDICAL	DEVICE SYSTEMS AND METHODS SERVICING AND	FOR THERAPY PRESCRIPTION AND TRACKING, INVENTORY
Inventor Name: Time	othy L. Kudelka	Inventor Name: Angelo A. Sarto
Date 08 Mon	th 2013	Date
	elly J. Kude Cla	Signature
State of <u>III</u>	4012	State of
County of LA	<b>Κ</b> &	County of
Public), personally a to me (or proved to evidence) to be the subscribed to the wi to me that he/sh his/her/their author his/her/their signat person(s), or the	ppeared with the personally known on me on the basis of satisfactory experson(s) whose name(s) is/are thin instrument and acknowledged ne/they executed the same in ized capacity(ies), and that by ure(s) on the instrument the entity upon behalf of which the iccuted the instrument.	On
WITNESS my hand	and office seal.	WITNESS my hand and office seal.
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. <b>≹</b> sala i ilita	ACESAWOTAN OTE CHENTAN MACESAWO	

Date \_ Signature \_

On \_\_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on 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.

Notary Signature

MARSHA L SOMPPI NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 12/07/15

OFFICIAL SEAL

Page 8 of 10

### Baxter

Signature Sheet (Joint Inventors)

Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)

## HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name: Timothy L. Kudelka	Inventor Name: Angelo A. Sarto
Date	Date 11. March - 2013
Signature	Date
State of	State of THUNS
County of	County of Lake
On	On 3-11-13 before melonic with Motary Public), personally appeared, personally known to me (or proved to me on 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.
WITNESS my hand and office seal.	WITNESS my hand and office seal.
Notary Signature(Seal)	Notary Signature Source Alamon (Seal)
(Sear)	(Seal)  OFFICIAL BEAL  BONNIE JAE JOHNSON  Notary Public - State of Illinois  My Commission Expires Nov 21, 2013



Serial No.	Filed:	Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)
HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY		
Inventor Name: Steve	Joseph Lindo	Inventor Name: Jostein Baustad
Date 14 Marc	4 2013 and the	Date Signature
State of	rois	State of
County of Lake	<u>e</u>	County of
personally appeared $\frac{S_1}{2}$ (or proved to me on the to be the person(s) who to the within instrumer he/she/they executed authorized capacity(is signature(s) on the instrument of the signature of the signatu	•	On
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LAWRENCE D. DICKMAN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 08/04/2014



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)

## HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name: Steve Joseph Lindo	Inventor Name: Jostein Baustad
DateSignature	Date 3/11/2013 Signature ) o v P
State of	State of Minors
On before me, (Notary Public), personally appeared, personally known to me (or proved to me on 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,	On 3/11/3 before me, (Notary Public), personally appeared personally known to me (or proved to me on 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.
executed the instrument.  WITNESS my hand and office seal.  Notary Signature (Seal)	Notary Signature  OFFICIAL SEAL JOSEPHINE LUBERDA Notary Public - State of Illinois
	My Commission Expires Sep 20, 2015

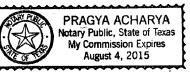
### Baxter

Serial No. Filed: HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, **SERVICING AND INVENTORY** Inventor Name: Duston Mounts State of TEXI County of COLL 1ARCH 2013 PRHAYA ACHAKYA On before me. (Notary Public), personally appeared personally known to me (or proved to me on 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. WITNESS my hand and office seal. Notary Signature

Inventor Name: Shafali Hill Date Signature State of County of \_ before me, \_\_\_ (Notary personally appeared \_\_\_\_\_, personally known to me (or proved to me on 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. WITNESS my hand and office seal. Notary Signature

Attomey Docket No: P6332US01 BX2013T00833

(3712044-03995)



(Seal)

(Seal)

### Baxter

Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833 (3712044-03995)

HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name: Duston Mounts	Inventor Name: Shafali Hill
Date	Date March 8, 2013 Signature Shefer Hell MA
State of	State of /LLINOIS
County of	County of LAKE
On before me, (Notary Public), personally appeared, personally known to me (or proved to me on 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.	on 3/9/2013 before me, (Notary Public), personally appeared (Notary Public), personally appeared (Notary Public), personally known to me (or proved to me on 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.
WITNESS my hand and office seal.	WITNESS my hand and office seal.
Notary Signature	Notary Signature  Notary
(Seal)	(Seal)

OFFICIAL SEAL MARSHA L SOMPPI NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:12/07/15

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