

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT4196410

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
KENNETH M. LENKIEWICZ	07/01/2015
TOM MINH NGUYEN	06/23/2015
RECEIVING PARTY DATA	
Name:	BISSELL HOMECARE, INC.
Street Address:	2345 WALKER AVENUE, N.W.
City:	GRAND RAPIDS
State/Country:	MICHIGAN
Postal Code:	49544-2516
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15386964
CORRESPONDENCE DATA	
Fax Number:	(616)742-1010
<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>	
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ATTORNEY DOCKET NUMBER:	71189-4260
NAME OF SUBMITTER:	ERIN E. HALL
SIGNATURE:	/Erin E Hall/
DATE SIGNED:	12/21/2016
Total Attachments: 2	
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DECLARATION AND ASSIGNMENT FOR PATENT AND DESIGN APPLICATIONS

TITLE OF INVENTION:	LIFT OFF DEEP CLEANER
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As a below named inventor, I hereby declare that:

This declaration is directed to:

the attached application
or
 United States Application Number or PCT International Application Number filed on

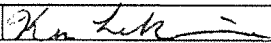
The above identified application was made or authorized to be made by me.

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

I acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

In consideration of the sum of One Dollar (\$1.00), and other valuable and legally sufficient consideration, the receipt and adequacy of which I hereby acknowledge, I hereby sell, assign, and transfer unto BISSELL HOMECARE, INC., a corporation of the State of Michigan having its principal office and place of business in the City of Grand Rapids, County of Kent, State of Michigan, (hereinafter "Assignee"), its successors and assigns, my entire right, title, and interest in, to, and under the above identified application and the inventions disclosed therein; any Patents of the United States of America that may be obtained in respect thereof; any corresponding applications for Patent and Patents issuing therefor in all other areas of the world; and any reissues, extensions, substitutions, confirmations, divisions, and continuations of any of the foregoing (hereinafter "Invention Rights"), to have and to hold for the sole and exclusive use and benefit of Assignee, its successors and assigns forever.

I hereby covenant and agree to assist and cooperate with Assignee in the preparation and prosecution of any applications included within the Invention Rights and in the prosecution or defense of any review, opposition, or other proceeding that may arise in connection with any applications or Patent included within the Invention Rights and further to execute and deliver to Assignee any and all additional papers that may be requested by Assignee for the purpose of implementing the terms of this Assignment.

Given Name (first and middle [if any])	Family Name or Surname
Kenneth M.	Lenkiewicz
Inventor's Signature 	Dated 01 JUL 2015

On this _____ day of _____, 2015, personally appeared before me the above-named Kenneth M. Lenkiewicz, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public _____ County, _____
My commission expires: _____

DECLARATION AND ASSIGNMENT FOR PATENT AND DESIGN APPLICATIONS

TITLE OF INVENTION: LIFT OFF DEEP CLEANER

As a below named inventor, I hereby declare that:

This declaration is directed to:

- the attached application
- or
- United States Application Number or PCT International Application Number filed on


The above identified application was made or 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 acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

In consideration of the sum of One Dollar (\$1.00), and other valuable and legally sufficient consideration, the receipt and adequacy of which I hereby acknowledge, I hereby sell, assign, and transfer unto BISSELL HOMECARE, INC., a corporation of the State of Michigan having its principal office and place of business in the City of Grand Rapids, County of Kent, State of Michigan, (hereinafter "Assignee"), its successors and assigns, my entire right, title, and interest in, to, and under the above identified application and the inventions disclosed therein; any Patents of the United States of America that may be obtained in respect thereof; any corresponding applications for Patent and Patents issuing therefor in all other areas of the world; and any reissues, extensions, substitutions, confirmations, divisions, and continuations of any of the foregoing (hereinafter "Invention Rights"), to have and to hold for the sole and exclusive use and benefit of Assignee, its successors and assigns forever.

I hereby covenant and agree to assist and cooperate with Assignee in the preparation and prosecution of any applications included within the Invention Rights and in the prosecution or defense of any review, opposition, or other proceeding that may arise in connection with any applications or Patent included within the Invention Rights and further to execute and deliver to Assignee any and all additional papers that may be requested by Assignee for the purpose of implementing the terms of this Assignment.

Given Name (first and middle [if any])		Family Name or Surname	
Tom Minh		Nguyen	
Inventor's Signature		Dated	6/23/15

On this 23 day of June, 2015, personally appeared before me the above-named Tom Minh Nguyen, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public _____ County, _____

My commission expires: _____

An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form. Use an additional PTO/AIA/01 form for each additional inventor.