

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4259238

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
KRESIMIR FRANJIC	05/17/2016
KAI MICHAEL HYNNA	05/30/2016
MICHAEL FRNK GUNTER WOOD	05/17/2016
PIOTR KUCHNIO	05/18/2016
YUSUF BISMILLA	05/16/2016
LACHLAN NOEL HOLMES	05/17/2016
STEWART BRIGHT	05/18/2016
AARON YU LAI CHEUNG	05/27/2016
YURI ALEXANDER KUZYK	05/17/2016
ARYEH BENJAMIN TAUB	05/17/2016
SANAZ REZAEI	05/17/2016
SIU WAI JACKY MAK	05/19/2016
RECEIVING PARTY DATA	
Name:	SYNAPTIVE MEDICAL (BARBADOS) INC.
Street Address:	CHANCERY HOUSE
Internal Address:	HIGH STREET
City:	BRIDGETOWN
State/Country:	BARBADOS
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15501727
CORRESPONDENCE DATA	
Fax Number:	(703)739-9889
<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>	
Phone:	703-739-9888
Email:	DOWELL@DOWELLPC.COM
Correspondent Name:	DOWELL & DOWELL, P.C.
Address Line 1:	2560 HUNTINGTON AVE, SUITE 203
Address Line 4:	ALEXANDRIA, VIRGINIA 22303

PATENT

ATTORNEY DOCKET NUMBER:	19870
NAME OF SUBMITTER:	RALPH A. DOWELL
SIGNATURE:	/RALPH A. DOWELL/
DATE SIGNED:	02/03/2017
Total Attachments: 14 source=19870assignment#page1.tif source=19870assignment#page2.tif source=19870assignment#page3.tif source=19870assignment#page4.tif source=19870assignment#page5.tif source=19870assignment#page6.tif source=19870assignment#page7.tif source=19870assignment#page8.tif source=19870assignment#page9.tif source=19870assignment#page10.tif source=19870assignment#page11.tif source=19870assignment#page12.tif source=19870assignment#page13.tif source=19870assignment#page14.tif	

WORLDWIDE ASSIGNMENT

WE, Kresimir **FRANJIC** (full postal address: 1703 - 77 Huntley St., Toronto, ON, M4Y 2P#, CANADA), **Kal Michael HYNNA** (full postal address: 259 Humberside Avenue, Toronto, Ontario, M6P 1L2 CANADA), **Michael Frank Gunter WOOD** (full postal address: 245 Concord Ave., Toronto, Ontario, M6H 2P4, CANADA), **Piotr KUCHNIO** (full postal address: 1401 Plains Rd E #73, Burlington, ON, L7R 0C2), **Yusuf BISMILLA** (full postal address: 25 The Esplanade, Unit 1320, Toronto, Ontario, M5E 1W5 CANADA), **Lachlan Noel HOLMES** (full postal address: 27 Yarmouth Gardens, Toronto, Ontario, M6G 1W3, CANADA), **Stewart BRIGHT** (full postal address: 120 Avondale Drive, Courtice, Ontario, L1E 3A3 CANADA), **Aaron Yu Lai CHEUNG** (full postal address: 1631-111 Elizabeth St, Toronto, Ontario, M5G1P7 CANADA), **Yuri Alexander KUZYSK** (full postal address: 198 Millwood Rd., Toronto, Ontario, M4S 1J7 CANADA), **Aryeh Benjamin TAUB** (full postal address: 311-322 Eglinton Ave. E, Toronto, Ontario, M4P1L6 CANADA), **Sanaz REZAEI** (full postal address: 1814 -35 Charles St, West, Toronto, Ontario, M4Y1R6 CANADA), and **Siu Wai Jacky MAK** (full postal address: 2209-50 Brian Harrison Way, Toronto, Ontario, M1P 5J4, CANADA) have invented, **MULTI-MODAL OPTICAL IMAGING SYSTEM FOR TISSUE ANALYSIS**, for which the international application was filed:

Filing Date: April 29, 2016

Serial No. CA2016050502

and in consideration of Two Dollars (\$2.00) to each of us, paid in hand, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, WE by these presents confirm that WE have sold, transferred and assigned and do hereby sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.**, ("Assignee"), having offices at, Chancery House, High Street, Bridgetown, Barbados, its successors and assigns or nominees, all OUR rights, title and interest in all the countries of the world in and to OUR invention as fully described in the patent application, and WE sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.** all OUR rights to apply for patent on said invention and all OUR priority rights that derive from any such applications in all the countries of the world including any and all full utility applications, divisions, continuations, continuation-in-part, re-examinations, renewals, reissues and/or extensions thereof, any design applications originating therefrom, patent applications and all national phase applications and all OUR corresponding rights, title and interest in and to any patent which may issue therefor in all the countries of the world, to have and to hold for **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s own use and **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s successors and assigns as fully and entirely as the same might be held by us if this sale had not been made, and we each make this assignment independently of each other.

AND WE HEREBY authorize Assignee, its successors, assigns, or nominees, to invoke and claim for any applications for patent or other form of protection filed, the benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it, and to invoke and claim such right of priority without need for further written or oral authorization;

AND WE IRREVOCABLY CONSENT and agree that any and all applications for patent or other form of protection may be applied for in OUR names, the personal names of the inventors, without further consideration;

AND WE UNDERTAKE to sign such further documents to effect the aforesaid sale, assignment and transfer as may be required from time to time, without further consideration, but at the expense of **SYNAPTIVE MEDICAL (BARBADOS) INC.**

This assignment can be signed in counterparts.

SIGNED at Toronto, Ontario, CANADA, this 17 day of May, 2016.



Kresimir FRANJIC

DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Kresimir FRANJIC** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 17 day of May, 2016.



Maia Jones

SIGNED at Toronto, Ontario, CANADA, this 30 day of May, 2016.


Kai Michael HYNNA

DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Kai Michael HYNNA** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 30 day of May, 2016.


Maia Jones

SIGNED at Toronto, Ontario, CANADA, this 17 day of May, 2016.



Michael Frank Gunter WOOD

DECLARATION OF WITNESS

I, **Mala Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Michael Frank Gunter WOOD** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 17 day of May, 2016.



Mala Jones

SIGNED at Toronto, Ontario, CANADA, this 18 day of May, 2016.


Piotr KUCHNIO

DECLARATION OF WITNESS

I, Mala Jones, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see Piotr KUCHNIO who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 18 day of May, 2016.


Mala Jones

SIGNED at Toronto, Ontario, CANADA, this 16 day of May, 2016.


Yusuf BISMILLA

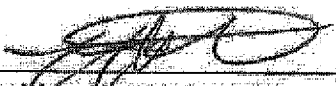
DECLARATION OF WITNESS

I, Maia Jones, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see Yusuf BISMILLA who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 16 day of May, 2016.


Maia Jones

SIGNED at Toronto, Ontario, CANADA, this 17 day of May, 2016.



Lachlan Noel HOLMES

DECLARATION OF WITNESS

I, Mala Jones, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see Lachlan Noel HOLMES who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 17 day of May, 2016.



Mala Jones

SIGNED at Toronto, Ontario, CANADA, this 18 day of May, 2016.


Stewart BRIGHT

DECLARATION OF WITNESS

I, Mala Jones, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see Stewart BRIGHT who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 18 day of May, 2016.


Mala Jones

SIGNED at Toronto, Ontario, CANADA, this 27 day of May, 2016.



Aaron Yu Lai CHEUNG

DECLARATION OF WITNESS

I, Mala Jones, full post office address being 2-2226 Upper Middle Road, Burlington,
Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see
Aaron Yu Lai CHEUNG

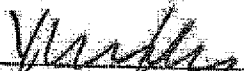
who is personally known to me to be the person named in the above assignment duly
sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 27 day of May, 2016.



Mala Jones

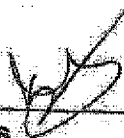
SIGNED at Toronto, Ontario, CANADA, this 17 day of May, 2016.


Yuri Alexander KUZYK

DECLARATION OF WITNESS

I, Mala Jones, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see Yuri Alexander KUZYK who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 17 day of May, 2016.


Mala Jones

SIGNED at Toronto, Ontario, CANADA, this 17 day of May, 2016.


Aryeh Benjamin TAUB

DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Aryeh Benjamin TAUB** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 17 day of May, 2016.


Maia Jones

SIGNED at Toronto, Ontario, CANADA, this 17 day of May, 2016.


Sanaz REZAEI

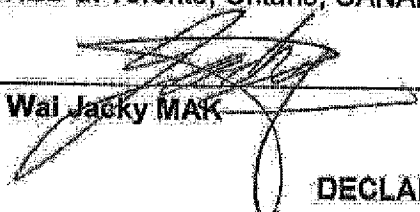
DECLARATION OF WITNESS

I, Mala Jones, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see Sanaz REZAEI who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 17 day of May, 2016.


Mala Jones

SIGNED at Toronto, Ontario, CANADA, this 19 day of May, 2016.


Siu Wal Jacky MAK

DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Siu Wal Jacky MAK** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 19 day of May, 2016.


Maia Jones

ACCEPTANCE

The Assignee accepts this assignment.

Signed at Toronto, Ontario, CANADA, this 30 day of May, 2016.

SYNAPTIVE MEDICAL (BARBADOS) INC.

Signature: _____



Name: Cameron Anthony Piron

Title: Director and President, Synaptive Medical (Barbados) Inc.

DECLARATION OF WITNESS

I, Maia Jones, whose full post office address is 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see Cameron Anthony PIRON who is personally known to me to be the person named above duly sign and execute the above on behalf of **SYNAPTIVE MEDICAL (BARBADOS) INC.**

DECLARED at Toronto, Ontario, CANADA, this 30 day of May, 2016.

Maia Jones _____

