

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT4277940

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
DANIEL SANDERS	02/16/2017
RECEIVING PARTY DATA	
Name:	MAVRIK DENTAL SYSTEMS, LTD.
Street Address:	22 HATZLIL STREET
City:	RA'ANANA
State/Country:	ISRAEL
Postal Code:	4339626
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15434294
CORRESPONDENCE DATA	
Fax Number:	(248)292-2910
<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:	248-292-2920
Email:	lujkaj@patentco.com
Correspondent Name:	TERRY M. FINERMAN
Address Line 1:	29 W. LAWRENCE STREET
Address Line 4:	PONTIAC, MICHIGAN 48342
ATTORNEY DOCKET NUMBER:	1717.003US
NAME OF SUBMITTER:	TERRY M. FINERMAN
SIGNATURE:	/Terry M. Finerman/
DATE SIGNED:	02/16/2017
Total Attachments: 1	
source=20170216_1717.003.US_Assignment#page1.tif	

COMBINED DECLARATION & ASSIGNMENT

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION: This declaration is for an original application.

INVENTORSHIP IDENTIFICATION: My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original inventor, or an original joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled: AN ANATOMICAL ADAPTABLE DRAPE DEVICE.

SPECIFICATION IDENTIFICATION: X The attached application; or a The United States Application Number or PCT International Application Number filed on _____, 20____, Serial Number _____/_____ (and do hereby authorize Assignee or its designee to insert here the application number and filing date).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR: I hereby state that the filing of the above-identified application was made or authorized to be made by me. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims. I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

DECLARATION: I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ASSIGNMENT OF INVENTION: In consideration of the payment by ASSIGNEE to ASSIGNORS of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,

ASSIGNOR: Daniel Sanders, 22 Hatzlil Street, 4339626 Ra'anana, Israel, Nationality: IL

hereby sell, assign and transfer to

ASSIGNEE: MAVRIK DENTAL SYSTEMS, LTD., 22 Hatzlil Street, 4339626 Ra'anana, Israel, State or Country of Formation: IL

and the successors, assigns and legal representatives of the ASSIGNEE the entire right, title and interest for the United States and any foreign countries, including all rights to claim priority, in and to any and all improvements which are disclosed in the above-referenced application 15/434,294 filed on Feb. 16, 2017, (and do hereby authorize Assignee or its designee to insert here the application number and filing date)

including the right to claim priority in the United States or in any foreign countries, in and to (the entire right, title and interest in each such application are also hereby sold, assigned and transferred to Assignee to the extent not already done so); and, in and to, all Letters Patent to be obtained for said invention by the above-referenced application or any continuation, continuation-in-part, division, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof, including any and all rights to sue for past damages. ASSIGNOR hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment. ASSIGNOR further covenant that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said United States application, said invention and said Letters Patent which may be necessary or desirable to carry out the purposes thereof.

Inventor's Signature: Daniel Sanders

Residence: Ra'anana, Israel

Date: 02/16/17

Post Office Address: 22 Hatzlil Street, 4339626 Ra'anana, Israel

Citizenship: IL

SUBSCRIBING WITNESS AFFIDAVIT OF EXECUTION OF AN ASSIGNMENT

I, Daphne Grant

Whose full post office address is: Hymel St. 4, Ra'anana, Israel, Street, City, Postal Code, Country

Make oath and say that I was personally present and did see Daniel Sanders who is personally known or identified to me to be the inventor named in the attached assignment, duly sign and execute the same for the purposes therein stated.

Signed at: Ra'anana, Israel

On this 16th day of February, 2017

X D. Grant, Subscribing Witness