

## PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT4303893

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
ZIAD F ELGHAZZAWI	06/29/2012
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	ZOLL MEDICAL CORPORATION
<b>Street Address:</b>	269 MILL ROAD
<b>City:</b>	CHELMSFORD
<b>State/Country:</b>	MASSACHUSETTS
<b>Postal Code:</b>	01824
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	15450194
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(978)421-0007
<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>	
<b>Phone:</b>	978-421-9194
<b>Email:</b>	patents@zoll.com
<b>Correspondent Name:</b>	JOANNE R. PARRILL
<b>Address Line 1:</b>	269 MILL ROAD
<b>Address Line 4:</b>	CHELMSFORD, MASSACHUSETTS 01824
<b>ATTORNEY DOCKET NUMBER:</b>	Z10755US-02
<b>NAME OF SUBMITTER:</b>	JOANNE R. PARRILL
<b>SIGNATURE:</b>	/Joanne R. Parrill/
<b>DATE SIGNED:</b>	03/06/2017
<b>Total Attachments: 2</b>	
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source=ASSN-20120629-Z10755US-01-Assignment from Parent#page2.tif	

ASSIGNMENT

For valuable consideration, I, ZIAD F. ELGHAZZAWI of 115 Sheridan Street, Newton, MA 02465, hereby assign to: ZOLL Medical Corporation, a corporation of Massachusetts having a place of business at: 269 Mill Road, Chelmsford, Massachusetts 01824; and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by me, entitled RESPONSE SYSTEM WITH EMERGENCY RESPONSE EQUIPMENT LOCATOR, filed 6/29/2012, and assigned U.S. Serial Number 13/538,511, and I authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known, this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and I agree for me and my respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

Date: 6/29/12

Ziad Elghazzawi  
ZIAD F. ELGHAZZAWI

Witnessed by:

Name: see attached for

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MASSACHUSETTS JURAT**

Gov. Exec. Ord. #455 (03-19), §5(e)

Commonwealth of Massachusetts

County of Middlesex } ss.On this the 29th day of June, 2012, before me,

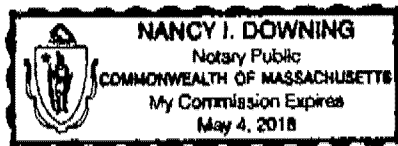
\_\_\_\_\_, the undersigned Notary Public,

personally appeared Yusef F. Elghazawi  
Name of Notary Public Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

Well Known  
Description of Evidence of Identity

to be the person(s) whose name(s) was/were  
signed on the preceding or attached document  
in my presence, and who swore or affirmed to  
me that the contents of the document are  
truthful and accurate to the best of his/her/their  
knowledge and belief.

Nancy I. Downing  
Signature of Notary PublicNancy I. Downing  
Printed Name of Notary

Place Notary Seal and/or Any Stamp Above

My Commission Expires 5-4-2018**OPTIONAL**

Although the information in this section is not required by law, it may prove valuable to persons  
relying on the document and could prevent fraudulent removal and reattachment of this form to  
another document.

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Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Right Thumbprint  
of Signer**

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