

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4318002

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
GARY A. FREEMAN	11/29/2016
MICHAEL BUONADONNA	03/09/2017
GUY R. JOHNSON	12/01/2016
JUSTIN R. CARROLL	12/16/2016
ANNEMARIE SILVER	12/05/2016
FREDERICK J. GEHEB	11/30/2016
JOHN C. AMANN	12/19/2016
RECEIVING PARTY DATA	
Name:	ZOLL MEDICAL CORPORATION
Street Address:	269 MILL ROAD
City:	CHELMSFORD
State/Country:	MASSACHUSETTS
Postal Code:	01824-4105
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15230591
CORRESPONDENCE DATA	
Fax Number:	(412)471-4094
<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:	412-471-8815
Email:	assignments@webblaw.com
Correspondent Name:	THE WEBB LAW FIRM
Address Line 1:	420 FT. DUQUESNE BLVD., SUITE 1200
Address Line 2:	ONE GATEWAY CENTER
Address Line 4:	PITTSBURGH, PENNSYLVANIA 15222
ATTORNEY DOCKET NUMBER:	7460-155507
NAME OF SUBMITTER:	ANN M. CANNONI, REG. NO. 35,972
SIGNATURE:	/Ann M. Cannoni/
DATE SIGNED:	03/14/2017

PATENT

Total Attachments: 14

source=ZOLL#page1.tif
source=ZOLL#page2.tif
source=ZOLL#page3.tif
source=ZOLL#page4.tif
source=ZOLL#page5.tif
source=ZOLL#page6.tif
source=ZOLL#page7.tif
source=ZOLL#page8.tif
source=ZOLL#page9.tif
source=ZOLL#page10.tif
source=ZOLL#page11.tif
source=ZOLL#page12.tif
source=ZOLL#page13.tif
source=ZOLL#page14.tif

RECORDATION FORM COVER SHEET

PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

Gary A. Freeman Annemarie Silver
Michael Buonadonna Frederick J. Geheb
Guy R. Johnson John Amann
Justin R. Carroll

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 11/29; 11/30; 12/1; 12/5; 12/16 & 12/19/2016
3/9/2017

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: ZOLL MEDICAL CORPORATION

Internal Address: 269 Mill Road

Street Address: _____

City: Chelmsford

State: MA

Country: US Zip: 01824-4105

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

☐ This document serves as an Oath/Declaration (37 CFR 1.63).

A. Patent Application No.(s)

15/230,591

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Ann M. Cannon, Reg. No. 35,972

Internal Address: The Webb Law Firm

Street Address: One Gateway Center
420 Ft. Duquesne Blvd., Ste 1200

City: Pittsburgh

State: PA Zip: 15222

Phone Number: 412-471-8815

Docket Number: 7460 - 155507

Email Address: assignments@webblaw.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 0

- ☐ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number 23-0650

Authorized User Name _____

9. Signature:

Ann M. Cannon, Reg. No. 35,972

Name of Person Signing

Signature

March 14, 2017

Date

Total number of pages including cover sheet, attachments, and documents:

14

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

DOMESTIC
Application No. 15/230,591
Attorney Docket No. 7460-155507

ASSIGNMENT

WHEREAS, as a below named inventor, I have invented certain new and useful improvements in

WRIST-WORN DEVICE FOR COORDINATING PATIENT CARE

(Invention Title)

☐ for which a United States Provisional Patent application was filed on _____ (mm/dd/yyyy) and bears Application Number _____ (hereinafter "said application").

AND/OR

☐ for which I have this day executed an application for a United States Patent (hereinafter "said application").

AND/OR

☒ for which an application for a United States Patent was filed on 08/08/2016 (mm/dd/yyyy) and bears Application Number 15/230,591 (hereinafter "said application").

AND/OR

☐ for which an international patent application was filed under the Patent Cooperation Treaty on _____ (mm/dd/yyyy), bearing Application No. _____ (hereinafter "said application").

AND, WHEREAS, ZOLL MEDICAL CORPORATION, a corporation of Massachusetts, having a place of business at 269 Mill Road, Chelmsford, MA 01824-4105, hereinafter called the "assignee", is desirous of acquiring the entire right, title, and interest in and to said application and the inventions and improvements therein disclosed.

NOW, THEREFORE, for good and valuable consideration paid to me by said assignee, the receipt of which is hereby acknowledged, I as the inventor or as one of the inventors, hereinafter the assignor(s), do hereby assign, sell and transfer unto said assignee the full and exclusive right, title and interest in and to said application and the inventions and improvements therein disclosed for the United States and all foreign countries and any Letters Patent which may issue therefor in the United States and all foreign countries and all divisions, reissues, continuations, continuations-in-part, renewals and/or extensions thereof. Such assignment extends to the full ends of the terms of these applications and patents as fully and entirely as the same would have been held and enjoyed by me had this Assignment not been made.

I covenant that I am the lawful owner(s) of said application, inventions and improvements, that the same are unencumbered, that no license has been granted to make, use or vend the said inventions or improvements or any of them, and that I have the full right to make this Assignment.

DOMESTIC
Application No. 15/230,591
Attorney Docket No. 7460-155507

And for the consideration aforesaid, I agree individually and, if applicable, jointly that I will communicate to said assignee or the representatives thereof any facts known to me respecting said inventions and improvements, and will, upon request but without expense to me, testify in any legal proceedings, sign all lawful papers, execute all divisional, reissue, continuation, continuation-in-part, renewal and/or extension applications, make all rightful oaths, and generally do all other and further lawful acts deemed necessary or expedient by said assignee or by counsel for said assignee to assist or enable said assignee to obtain and enforce full benefits from the rights and interests herein assigned. This Assignment shall be binding upon my heirs, executors, administrators and/or assigns, and shall inure to the benefit of the heirs, executors, administrators, successors and/or assigns, as the case may be, of said assignee.

1. FULL NAME OF ASSIGNOR: Gary A. Freeman RESIDENCE: Waltham, MA

EXECUTED this 29th day of November, 2016

Gary A. Freeman
SIGNATURE

STATE of Massachusetts)

COUNTY of Middlesex)

On this 29th day of November, in the year 2016, before me Helen D. Leary,
DAY MONTH YEAR NOTARY PUBLIC NAME

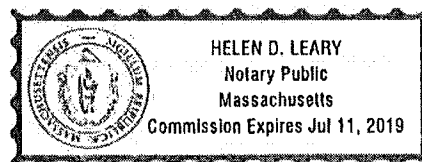
a notary public, personally appeared Gary A. Freeman,
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of Massachusetts that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Helen D. Leary
NOTARY PUBLIC



S
E
A
L

☒ Checked Box indicates 3 additional page(s) for inventor signatures.

DOMESTIC
Application No. 15/230,591
Attorney Docket No. 7460-155507

2. FULL NAME OF ASSIGNOR:
Michael Buonadonna

RESIDENCE:
Arlington, MA

EXECUTED this _____ day of _____, 2016

SIGNATURE

STATE of _____)

COUNTY of _____)

On this _____ day of _____, in the year 2016, before me _____,
DAY MONTH YEAR NOTARY PUBLIC NAME
a notary public, personally appeared Michael Buonadonna,
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of _____
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

NOTARY PUBLIC

S
E
A
L

3. FULL NAME OF ASSIGNOR:
Guy R. Johnson

RESIDENCE:
Magnolia, MA

EXECUTED this 1st day of December, 2016

SIGNATURE

STATE of Massachusetts)

COUNTY of Middlesex)

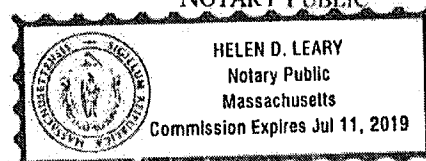
On this 1st day of December, in the year 2016, before me Helen D. Leary,
DAY MONTH YEAR NOTARY PUBLIC NAME
a notary public, personally appeared Guy R. Johnson,
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of Massachusetts
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

NOTARY PUBLIC



S
E
A
L

DOMESTIC
Application No. 15/230,591
Attorney Docket No. 7460-155507

4. FULL NAME OF ASSIGNOR: Justin R. Carroll RESIDENCE: Shirley, MA

EXECUTED this _____ day of _____, 2016

SIGNATURE

STATE of _____)

COUNTY of _____)

On this _____ day of _____, in the year 2016, before me _____,

a notary public, personally appeared Justin R. Carroll,

NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

NOTARY PUBLIC

S
E
A
L

5. FULL NAME OF ASSIGNOR: Annemarie Silver RESIDENCE: Bedford, MA

EXECUTED this 5th day of December, 2016

SIGNATURE

STATE of Massachusetts)

COUNTY of Middlesex)

On this 5th day of December, in the year 2016, before me Helen D. Leary,

a notary public, personally appeared Annemarie Silver,

NAME OF DOCUMENT SIGNER

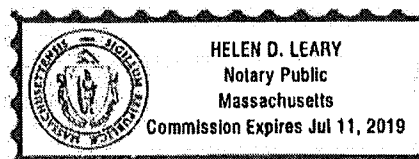
proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of Massachusetts that the foregoing paragraph is true and correct.

Witness my hand and official seal.

NOTARY PUBLIC

S
E
A
L



DOMESTIC
Application No. 15/230,591
Attorney Docket No. 7460-155507

6. FULL NAME OF ASSIGNOR:
Frederick J. Geheb

RESIDENCE:
Danvers, MA

EXECUTED this 30th day of November, 2016

Frederick J. Geheb
SIGNATURE

STATE of Massachusetts)

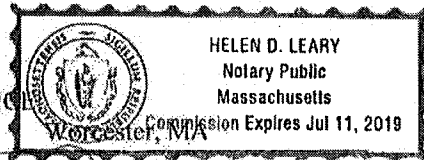
COUNTY of Middlesex)

On this 30th day of November, in the year 2016, before me Helen S. Leary,
DAY MONTH YEAR NOTARY PUBLIC NAME
a notary public, personally appeared Frederick J. Geheb,
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of Massachusetts
that the foregoing paragraph is true and correct.

Witness my hand and official seal.
Helen D. Leary
NOTARY PUBLIC



S
E
A
L

7. FULL NAME OF ASSIGNOR:
John C. Amann

RESIDENCE:

EXECUTED this 19th day of December, 2016

John C. Amann
SIGNATURE

STATE of Massachusetts)

COUNTY of Middlesex)

On this 19th day of December, in the year 2016, before me Helen S. Leary,
DAY MONTH YEAR NOTARY PUBLIC NAME
a notary public, personally appeared John C. Amann,
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of Massachusetts
that the foregoing paragraph is true and correct.

Witness my hand and official seal.
Helen D. Leary
NOTARY PUBLIC



S
E
A
L

DOMESTIC
Application No. 15/230,591
Attorney Docket No. 7460-155507

ASSIGNMENT

WHEREAS, as a below named inventor, I have invented certain new and useful improvements in

WRIST-WORN DEVICE FOR COORDINATING PATIENT CARE

(Invention Title)

☐ for which a United States Provisional Patent application was filed on _____ (mm/dd/yyyy) and bears Application Number _____ (hereinafter "said application").

AND/OR

☐ for which I have this day executed an application for a United States Patent (hereinafter "said application").

AND/OR

☒ for which an application for a United States Patent was filed on 08/08/2016 (mm/dd/yyyy) and bears Application Number 15/230,591 (hereinafter "said application").

AND/OR

☐ for which an international patent application was filed under the Patent Cooperation Treaty on _____ (mm/dd/yyyy), bearing Application No. _____ (hereinafter "said application").

AND, WHEREAS, ZOLL MEDICAL CORPORATION, a corporation of Massachusetts, having a place of business at 269 Mill Road, Chelmsford, MA 01824-4105, hereinafter called the "assignee", is desirous of acquiring the entire right, title, and interest in and to said application and the inventions and improvements therein disclosed.

NOW, THEREFORE, for good and valuable consideration paid to me by said assignee, the receipt of which is hereby acknowledged, I as the inventor or as one of the inventors, hereinafter the assignor(s), do hereby assign, sell and transfer unto said assignee the full and exclusive right, title and interest in and to said application and the inventions and improvements therein disclosed for the United States and all foreign countries and any Letters Patent which may issue therefor in the United States and all foreign countries and all divisions, reissues, continuations, continuations-in-part, renewals and/or extensions thereof. Such assignment extends to the full ends of the terms of these applications and patents as fully and entirely as the same would have been held and enjoyed by me had this Assignment not been made.

I covenant that I am the lawful owner(s) of said application, inventions and improvements, that the same are unencumbered, that no license has been granted to make, use or vend the said inventions or improvements or any of them, and that I have the full right to make this Assignment.

DOMESTIC
Application No. 15/230,591
Attorney Docket No. 7460-155507

4. FULL NAME OF ASSIGNOR:
Justin R. Carroll

RESIDENCE:
Shirley, MA

EXECUTED this 16th day of December, 2016

Justin R. Carroll
SIGNATURE

STATE of Colorado

COUNTY of Broomfield

On this 16th day of December, in the year 2016, before me Angela Lee Rossback
DAY MONTH YEAR NOTARY PUBLIC NAME

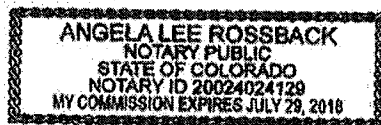
a notary public, personally appeared Justin R. Carroll
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of Colorado that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Angela Lee Rossback
NOTARY PUBLIC



S
E
A
L

5. FULL NAME OF ASSIGNOR:
Annemarie Silver

RESIDENCE:
Bedford, MA

EXECUTED this ____ day of _____, 2016

SIGNATURE

STATE of _____

COUNTY of _____

On this ____ day of _____, in the year 2016, before me _____
DAY MONTH YEAR NOTARY PUBLIC NAME

a notary public, personally appeared Annemarie Silver
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

NOTARY PUBLIC

S
E
A
L

DOMESTIC
Application No. 15/230,591
Attorney Docket No. 7460-155507

6. FULL NAME OF ASSIGNOR:
Frederick J. Geheb

RESIDENCE:
Danvers, MA

EXECUTED this _____ day of _____, 2016

SIGNATURE

STATE of _____)

COUNTY of _____)

On this _____ day of _____, in the year 2016, before me _____,
DAY MONTH YEAR NOTARY PUBLIC NAME
a notary public, personally appeared Frederick J. Geheb,
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of _____
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

NOTARY PUBLIC

S
E
A
L

~~~~~  
7. FULL NAME OF ASSIGNOR:  
John C. Amann

RESIDENCE:  
Worcester, MA

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2016

\_\_\_\_\_  
SIGNATURE

STATE of \_\_\_\_\_)

COUNTY of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 2016, before me \_\_\_\_\_,  
DAY MONTH YEAR NOTARY PUBLIC NAME  
a notary public, personally appeared John C. Amann,  
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,  
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of \_\_\_\_\_  
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

S  
E  
A  
L

DOMESTIC  
Application No. 15/230,591  
Attorney Docket No. 7460-155507

**ASSIGNMENT**

WHEREAS, as a below named inventor, I have invented certain new and useful improvements in

WRIST-WORN DEVICE FOR COORDINATING PATIENT CARE

(Invention Title)

☐ for which a United States Provisional Patent application was filed on \_\_\_\_\_ (mm/dd/yyyy) and bears Application Number \_\_\_\_\_ (hereinafter "said application").

AND/OR

☐ for which I have this day executed an application for a United States Patent (hereinafter "said application").

AND/OR

☒ for which an application for a United States Patent was filed on 08/08/2016 (mm/dd/yyyy) and bears Application Number 15/230,591 (hereinafter "said application").

AND/OR

☐ for which an international patent application was filed under the Patent Cooperation Treaty on \_\_\_\_\_ (mm/dd/yyyy), bearing Application No. \_\_\_\_\_ (hereinafter "said application").

AND, WHEREAS, ZOLL MEDICAL CORPORATION, a corporation of Massachusetts, having a place of business at 269 Mill Road, Chelmsford, MA 01824-4105, hereinafter called the "assignee", is desirous of acquiring the entire right, title, and interest in and to said application and the inventions and improvements therein disclosed.

NOW, THEREFORE, for good and valuable consideration paid to me by said assignee, the receipt of which is hereby acknowledged, I as the inventor or as one of the inventors, hereinafter the assignor(s), do hereby assign, sell and transfer unto said assignee the full and exclusive right, title and interest in and to said application and the inventions and improvements therein disclosed for the United States and all foreign countries and any Letters Patent which may issue therefor in the United States and all foreign countries and all divisions, reissues, continuations, continuations-in-part, renewals and/or extensions thereof. Such assignment extends to the full ends of the terms of these applications and patents as fully and entirely as the same would have been held and enjoyed by me had this Assignment not been made.

I covenant that I am the lawful owner(s) of said application, inventions and improvements, that the same are unencumbered, that no license has been granted to make, use or vend the said inventions or improvements or any of them, and that I have the full right to make this Assignment.

DOMESTIC  
Application No. 15/230,591  
Attorney Docket No. 7460-155507

And for the consideration aforesaid, I agree individually and, if applicable, jointly that I will communicate to said assignee or the representatives thereof any facts known to me respecting said inventions and improvements, and will, upon request but without expense to me, testify in any legal proceedings, sign all lawful papers, execute all divisional, reissue, continuation, continuation-in-part, renewal and/or extension applications, make all rightful oaths, and generally do all other and further lawful acts deemed necessary or expedient by said assignee or by counsel for said assignee to assist or enable said assignee to obtain and enforce full benefits from the rights and interests herein assigned. This Assignment shall be binding upon my heirs, executors, administrators and/or assigns, and shall inure to the benefit of the heirs, executors, administrators, successors and/or assigns, as the case may be, of said assignee.

1. FULL NAME OF ASSIGNOR:

Gary A. Freeman

RESIDENCE:

Waltham, MA

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2016

\_\_\_\_\_  
SIGNATURE

STATE of \_\_\_\_\_)

COUNTY of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 2016, before me \_\_\_\_\_,  
DAY MONTH YEAR NOTARY PUBLIC NAME  
a notary public, personally appeared Gary A. Freeman,  
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of \_\_\_\_\_  
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

S  
E  
A  
L

☒ Checked Box indicates 3 additional page(s) for inventor signatures.

DOMESTIC  
Application No. 15/230,591  
Attorney Docket No. 7460-155507

2. FULL NAME OF ASSIGNOR: Michael Buonadonna RESIDENCE: Chelmsford, MA

Witnessed by:

Signature: [Signature] Date: 3/9/17  
Print Name: Jamie, Jung

Signature: [Signature] Date: 3/9/17  
Print Name: Maki Brenner

3. FULL NAME OF ASSIGNOR: Guy R. Johnson RESIDENCE: Magnolia, MA

EXECUTED this        day of       , 2016

SIGNATURE

STATE of       )

COUNTY of       )

On this        day of       , in the year 2016, before me       ,  
DAY MONTH YEAR NOTARY PUBLIC NAME

a notary public, personally appeared Guy R. Johnson,  
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,  
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of         
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

NOTARY PUBLIC

S  
E  
A  
L

DOMESTIC  
Application No. 15/230,591  
Attorney Docket No. 7460-155507

4. FULL NAME OF ASSIGNOR: Justin R. Carroll RESIDENCE: Shirley, MA

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 2016

SIGNATURE

STATE of \_\_\_\_\_)

COUNTY of \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, in the year 2016, before me \_\_\_\_\_,  
DAY MONTH YEAR NOTARY PUBLIC NAME  
a notary public, personally appeared Justin R. Carroll,  
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,  
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of \_\_\_\_\_  
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

NOTARY PUBLIC

S  
E  
A  
L

5. FULL NAME OF ASSIGNOR: Annemarie Silver RESIDENCE: Bedford, MA

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 2016

SIGNATURE

STATE of \_\_\_\_\_)

COUNTY of \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, in the year 2016, before me \_\_\_\_\_,  
DAY MONTH YEAR NOTARY PUBLIC NAME  
a notary public, personally appeared Annemarie Silver,  
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,  
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of \_\_\_\_\_  
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

NOTARY PUBLIC

S  
E  
A  
L

DOMESTIC  
Application No. 15/230,591  
Attorney Docket No. 7460-155507

6. FULL NAME OF ASSIGNOR: Frederick J. Geheb RESIDENCE: Danvers, MA

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2016

\_\_\_\_\_  
SIGNATURE

STATE of \_\_\_\_\_)

COUNTY of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 2016, before me \_\_\_\_\_,  
DAY MONTH YEAR NOTARY PUBLIC NAME  
a notary public, personally appeared Frederick J. Geheb,  
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,  
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of \_\_\_\_\_  
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

S  
E  
A  
L

7. FULL NAME OF ASSIGNOR: John C. Amann RESIDENCE: Worcester, MA

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2016

\_\_\_\_\_  
SIGNATURE

STATE of \_\_\_\_\_)

COUNTY of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 2016, before me \_\_\_\_\_,  
DAY MONTH YEAR NOTARY PUBLIC NAME  
a notary public, personally appeared John C. Amann,  
NAME OF DOCUMENT SIGNER

proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,  
and acknowledged he/she executed the same.

I certify under Penalty of Perjury under the laws of the State of \_\_\_\_\_  
that the foregoing paragraph is true and correct.

Witness my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

S  
E  
A  
L