

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4325664

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	DAVID HOLLADAY	02/14/2017
RECEIVING PARTY DATA		
Name:	PRIME MEDICAL	
Street Address:	5802 KINGSTON PIKE	
City:	KNOXVILLE	
State/Country:	TENNESSEE	
Postal Code:	37919-6339	
PROPERTY NUMBERS Total: 1		
Property Type	Number	
Application Number:	15427950	
CORRESPONDENCE DATA		
Fax Number:	(865)584-0104	
<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:	865-584-0105	
Email:	docketing@pittslake.com	
Correspondent Name:	PITTS & LAKE, P.C.	
Address Line 1:	PO BOX 51295	
Address Line 4:	KNOXVILLE, TENNESSEE 37950	
ATTORNEY DOCKET NUMBER:	80051.00	
NAME OF SUBMITTER:	ANDREW C. LAKE	
SIGNATURE:	/Andrew C. Lake/	
DATE SIGNED:	03/20/2017	
Total Attachments: 1		
source=00422804#page1.tif		

ASSIGNMENT

I, the below-identified Inventor, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign to

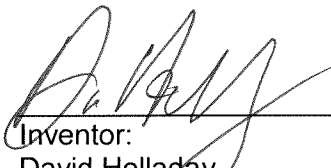
**Prime Medical, LLC, a limited liability company of Tennessee, domiciled in Knox County,
Tennessee**

(hereinafter "Assignee"), its successors, assigns, and legal representatives the entire right, title and interest throughout the world in and to U.S. Serial No. 15/427,950, filed on February 8, 2017, entitled:

Overlay Support Pad for Medical Bean Bag Device

and in and to all patent and all foreign, convention and treaty rights of all kinds, in all countries throughout the world, for all such subject matter or improvements therein. I agree to sign all papers necessary to secure all said patent rights, and request issuance of all said patents to Assignee in accordance with this assignment.

2/14/17
Date: _____


Inventor: _____
David Holladay
1049 Hayslope Drive
Knoxville, TN 37919
Knox County, TN

IN THE COUNTY OF _____
STATE OF _____

I hereby certify that before me personally appeared **David Holladay**, personally known by me, who then and there was duly sworn by me, and under oath acknowledges that the foregoing instrument was duly signed, sealed and delivered by **David Holladay** on the date appearing at the foot thereof, all of which took place within my jurisdiction.

NOTARY PUBLIC

DATE

My Commission Expires: _____