## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4364945

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	

#### **CONVEYING PARTY DATA**

Name	Execution Date
STEVE COPELAND	04/10/2017
MITCH THOMPSON	04/10/2017

#### **RECEIVING PARTY DATA**

Name:	ALEXANDER MEDICAL INC.
Street Address:	18 ALLIANCE BOULEVARD
Internal Address:	SUITE 16
City:	BARRIE, ON
State/Country:	CANADA
Postal Code:	L4M 5A5

#### **PROPERTY NUMBERS Total: 1**

Property Type	Number		
Application Number:	29502486		

### **CORRESPONDENCE DATA**

**Fax Number:** (216)621-4072

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.

Phone: 216-621-2234

Email: jwolfe@tarolli.com

Correspondent Name: JOHN R. HLAVKA

Address Line 1: 1300 EAST NINTH STREET

Address Line 2: SUITE 1700

Address Line 4: CLEVELAND, OHIO 44114

ATTORNEY DOCKET NUMBER: OIPC-023792 US DES

NAME OF SUBMITTER: JOHN R. HLAVKA

SIGNATURE: /John R. Hlavka/
DATE SIGNED: 04/12/2017

#### **Total Attachments: 5**

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#### ASSIGNMENT

We:

1)	Steve COPELAND	9 Moore Place, Barrie, Ontario L4M 5A5, Canada
2)	Mitch THOMPSON	42 Patricia Avenue, Barrie, Ontario L4M 5S6, Canada

for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, do confirm that as of March 20, 2014 that we have sold, assigned and transferred and do hereby sell, assign and transfer to:

ALEXANDER MEDICAL INC.

18 Alliance Boulevard Suite 16
Barrie, Ontario
L4M 5A5
CANADA

(the Assignee), and its successors, legal representatives, and assigns, all my/our right, title and interest in the United States of America, Canada, and all countries foreign thereto, in and to the invention and/or industrial design, whether patentable or not, improvements thereto and related know how, including but not limited to that disclosed in the following application(s) and entitled:

THERMOELECTIC COOLING DEIVCE Application No: 155649 Filing Date: March 20, 2014

and to any application for patent, design patent, and industrial design claiming subject matter relating thereto, and to all our corresponding right, title and interest in and to any patent, design patent, and industrial design issued therefrom, and to any patent, design patent, and industrial design issued from a continued prosecution, continuation, continuation-in-part, re-issue, substitute, renewal, extension, divisional or re-examination application derived, or claiming priority, from the above application(s).

We agree that by way of this assignment the Assignee may apply for and receive a patent, design patent(s), industrial design(s), or patents for the invention and improvements thereto in its own name, including making all claims of priority to and with respect to said invention and improvements thereto and that, when requested, without charge to, but at the expense of, the Assignee, its successors, assigns, and legal representatives, to carry out in good faith the intent

Assignment from COPELAND et al. to ALEXANDER MEDICAL INC.

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and purpose of this Assignment, the undersigned will execute all divisional applications, continuation applications, continued prosecution applications, continuation-in-part applications, substitute applications, renewal applications, reissue applications, re-examinations, extensions and all other patent applications on the invention and on any and all of improvements thereto; execute all rightful oaths, assignments, powers of attorney, and other papers; communicate to the Assignee, its successors, assigns, and representatives all facts known to the undersigned relating to the invention and improvements thereto and the history thereof; and generally assist the Assignee, its successors, assigns, or representatives in securing and maintaining proper patent protection for the invention and improvements thereto and for vesting title to the invention and improvements thereto, and all applications for patents and all patents on the improvements, in the Assignee, its successors, assigns, and legal representatives.

We authorize and request the Commissioner of Patents and Trademarks of the United States of America and any Official of any country or countries foreign to the United States of America whose duty it is to issue Letters Patent on applications as aforesaid, to issue all such Letters Patent for said discovery or invention to the Assignee, as Assignee of the entire right, title and interest in, to and under the same, for the sole use and benefit of the Assignee, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

We covenant with the Assignee, its successors, assigns, and legal representatives that no assignment, grant, mortgage, license, or other agreement affecting the rights and property herein conveyed has been made to others by the undersigned, and that full right to convey the same as herein expressed is possessed by the undersigned.

We authorize the firm of OPEN IP CORPORATION to insert on this assignment any further identification necessary to make this assignment suitable for recordation in the Patent Office of any country as may be required.

For greater certainty the rights to apply for patent applications and receive patents in any country may include any utility, petty, design, industrial design, innovation, continuation, continuation-in-part, re-issue, divisional or re-examination applications, extensions or renewals of patent rights, or other patent rights based upon or claiming priority from any earlier filed patent applications.

Assignment from COPELAND et al. to ALEXANDER MEDICAL INC.
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## **ASSIGNORS**

EXECUTED at	PARKIE	L CANA	DA this	APRIL 10	5/17
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		St	eve COPELAI	ND /	
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		STATEMENT	BY WITNESS		
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# **ASSIGNORS**

EXECUTED	at SARRIE	_, <u>Canada</u>	this APKA	10/2017
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		Mii	ch THOMPSON	
		STATEMENT	BY WITNESS	
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SIGNED at	BARRIE	CANADA	this	104/10
	(City or Town)		(Date)	Luho
			Signature of W	itness

## **ASSIGNEE**

EXECUTED at	BARRIR	CANA	[294this_	<u>APRIL</u>	10/17
(	(City or Town)	(Country)		Date)	*
Assignee: ALEXANDER MEDICAL INC.					
Signature :					
			I have the auth	nority to bind t	the Company or Firm
		Name :	578/6	<u>COPEL</u>	AND
		Title :	<u>DIRA</u>	<u> </u>	
		STATEME	ENT BY WITNES	 S\$	
i, <i>Nichala</i> (Name of Wi	I/ TEIXEI tness)	<u>(A</u> whose	full post office a	address is:	
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assignment, and person describ	l such assignee is p ed in the assignm	ersonally or by ient. I make t	y way of proper his declaration	identification with the know	execute the above known to me to be the ledge that making y be punishable by
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