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| PATENT ASSIGNMENT COVER SHEET |
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Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4381929

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| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | ASSIGNMENT |

CONVEYING PARTY DATA

| Name | Execution Date |
|------------------------|----------------|
| JOSHUA JAMES MILLER | 03/11/2013 |
| DEREK WIEBENSON | 03/12/2013 |
| DOUGLAS L. WILKERSON | 03/11/2013 |
| NEIL TIWARI | 03/13/2013 |
| TIMOTHY G. ROBINSON | 03/11/2013 |
| MARC STEVEN MINKUS | 03/08/2013 |
| MATTHEW R. MULLER | 03/07/2013 |
| ANDERS J. WELLINGS | 03/09/2013 |
| KATHRYN LOUISE HANSBRO | 03/08/2013 |
| BORUT CIZMAN | 03/08/2013 |
| BRIAN S. KUNZEMAN | 03/07/2013 |
| ROBIN D. COOPER | 03/08/2013 |
| TIMOTHY L. KUDELKA | 03/08/2013 |
| ANGELO A. SARTO | 03/11/2013 |
| STEVE JOSEPH LINDO | 03/14/2013 |
| JOSTEIN BAUSTAD | 03/11/2013 |
| DUSTON MOUNTS | 03/14/2013 |
| SHAFALI HILL | 03/08/2013 |

RECEIVING PARTY DATA

| | |
|------------------------|---------------------------|
| Name: | BAXTER INTERNATIONAL INC. |
| Street Address: | ONE BAXTER PARKWAY |
| City: | DEERFIELD |
| State/Country: | ILLINOIS |
| Postal Code: | 60015 |
| Name: | BAXTER HEALTHCARE SA |
| Street Address: | THURGAUERSTRASSE 130 |
| City: | GLATTPARK (OPFIKON) |
| State/Country: | SWITZERLAND |
| Postal Code: | CH-8152 |

PROPERTY NUMBERS Total: 1

| Property Type | Number |
|---------------------|----------|
| Application Number: | 15489227 |

CORRESPONDENCE DATA**Fax Number:** (312)827-8185*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:** 312-372-1121**Email:** chicago.patents@klgates.com**Correspondent Name:** K&L GATES**Address Line 1:** P.O. BOX 1135**Address Line 4:** CHICAGO, ILLINOIS 60690-1135**NAME OF SUBMITTER:** MATTHEW S. DICKE**SIGNATURE:** /Matthew S. Dicke/**DATE SIGNED:** 04/24/2017**Total Attachments: 19**

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**ASSIGNMENT
(Joint Inventors)**

Serial No. 13/828,900

Filed: March 14, 2013

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

For good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, we hereby assign to **BAXTER INTERNATIONAL INC.**, a corporation of Delaware, having a principal place of business at Deerfield, Illinois, its successors, legal representatives and assigns, and to **BAXTER HEALTHCARE S.A.**, a corporation of Switzerland, having a principal place of business at Glattpark (Opfikon), Switzerland, its successors, legal representatives and assigns (hereinafter jointly referred to as "assignee") the entire right, title and interest throughout the world, to the extent not previously assigned to assignee, in our invention or improvements in

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

and, effective as of the date of filing, in the above listed application(s) for Letters Patent therefor, executed by each of us individually, and any and all other patent applications in any and all countries which have been or may hereafter be filed, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of any country which may be obtained on any of the said applications, and in any reissue or extension thereof and any applications that claim priority thereto, including any regional and national stage applications.

We hereby authorize and request the patent offices of all countries to issue to the said assignee all patents that may issue on said invention or improvements. We hereby authorize and request the attorneys of record in said application to insert in this assignment the date and serial number and docket number of said applications when officially known.

We warrant ourselves to be the owners of the interest herein assigned and to have the right to make this assignment; and further warrant that there are no outstanding prior assignments, licenses, or other rights to any person or entity other than the assignee in the interest herein assigned.

For said considerations we hereby agree, upon the request and at the expense of said assignee, its successors, legal representatives and assigns, to execute any and all divisional, continuation, and renewal applications for said invention or improvements, and any necessary oath or supplemental oath or affidavit relating thereto, and any application for the reissue or extension of any Letters Patent that may be granted upon said application, including any regional and national stage applications that claim priority thereto, that said assignee, its successors, legal representatives and assigns may deem necessary or expedient, and for the said considerations we further agree, upon the request of said assignee, its successors, legal representatives and assigns, in the event of said application or any continuation or division thereof, or Letters Patent issued thereon, or any reissue or application for the reissue thereof becoming involved in interference, to cooperate to the best of our ability with said assignee, its successors, legal representatives and assigns in the matters of preparing and executing the preliminary statement and giving and producing evidence in support thereof.

We further agree to perform, upon such request, any and all affirmative acts, including but not limited to execution of any and all documents deemed necessary or expedient by the said assignee or its successors, legal representatives or assigns, to obtain Letters Patent, and vest all rights therein hereby conveyed in the said assignee, its successors, legal representatives and assigns whereby said Letters Patent will be held and enjoyed by the said assignee, its successors, legal representatives and assigns to the end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held and enjoyed by us if this assignment and sale had not been made, and for the said considerations we hereby also assign to said assignee, its successors, legal representatives and assigns the entire right, title and interest in said invention or improvements for any and all foreign countries and the right of priority for patent and utility model applications in all countries arising under any applicable international convention for the protection of industrial property and/or any internal priority legislation of such countries, and we further agree upon the request of said assignee, its successors, legal representatives and assigns to execute any and all documents that shall be required to be executed in connection with any and all applications for foreign Letters Patent therefor, including the prosecution thereof, and to execute any and all documents necessary to invest title in said foreign applications and patents in said assignee.

Serial No.

Filed:

Attorney Docket No: : P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Joshua James Miller

Inventor Name: Derek Wiebenson

Date 03/11/2013

Date _____

Signature *Joshua James Miller*

Signature _____

State of Illinois

State of _____

County of Lake

County of _____

On 03/11/2013 before me, MARSHA L. SOMPPI (Notary Public), personally appeared *Joshua James Miller*, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature *Marsha L. Somppi*

Notary Signature _____

(Seal)

(Seal)



Baxter

**Signature Sheet
(Joint Inventors)**

Serial No.

Filed:

Attorney Docket No.: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Joshua James Miller

Inventor Name: Derek Wiebenson

Date _____

Date 12 March 2013

Signature _____

Signature [Signature]

State of _____

State of _____

County of _____

County of _____

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature _____

Notary Signature _____

(Seal)

(Seal)

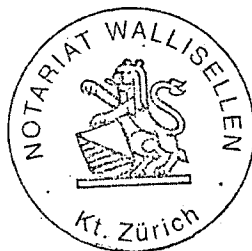
Official Certification

Seen for authentication of the foregoing signature, affixed in our presence by

Mr. **Derek WIEBENSON**, born 28th July 1973, Nationality: United States of America/USA, according to his information residing at Frohburgstrasse 20a, 8006 Zurich, Switzerland, identified by residence permit B.

Wallisellen, 12th March 2013
BK no. 411
Fee CHF 20.00

NOTARIAT WALLISELLEN



[Signature]
Martin Holliger, Deputy Notary Public

Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Douglas L. Wilkerson.

Inventor Name: Neil Tiwari

Date 3-11-13
Signature [Signature]

Date _____
Signature _____

State of Illinois

State of _____

County of Lake

County of _____

On 3-11-13 before me, Sonnie J Johnson (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

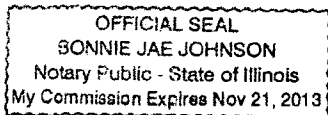
On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature [Signature]
(Seal)

Notary Signature _____
(Seal)



Baxter

**Signature Sheet
(Joint Inventors)**

Serial No. _____

Filed: _____

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Douglas L. Wilkerson

Inventor Name: Neil Tiwari

Date _____

Date 03/13/13

Signature _____

Signature Neil Tiwari

State of _____

State of Florida

County of _____

County of Orange

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/13/13 before me, Taneika Thomas (Notary Public), personally appeared N.T., personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

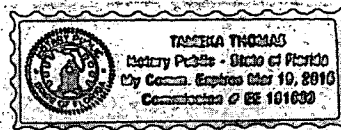
Notary Signature _____

Notary Signature Taneika Thomas

(Seal)

(Seal)

Neil Tiwari presented Illinois
DL T600 6208 6202



Serial No. _____

Filed: _____

Attorney Docket No: **P6332US01 BX2013T00833**
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Timothy G. Robinson

Inventor Name: Marc Steven Minkus

Date 11 March 2013

Date _____

Signature Timothy G. Robinson

Signature _____

State of New Jersey

State of _____

County of Hunterdon

County of _____

On 3/11/13 before me, Timothy Robin^{or} (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature Claire L. Simonds

Notary Signature _____

(Seal)

(Seal)

CLAIRE L. SIMONDS
ID # 2340447
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 2/16/16

**Signature Sheet
(Joint Inventors)**

Serial No. _____

Filed: _____

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Timothy G. Robinson

Inventor Name: Marc Steven Minkus

Date _____

Date 03/08/13

Signature _____

Signature Marc Steven Minkus

State of _____

State of WA

County of _____

County of King

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/8/13 before me, Renée Roline (Notary Public), personally appeared Marc Steven Minkus to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

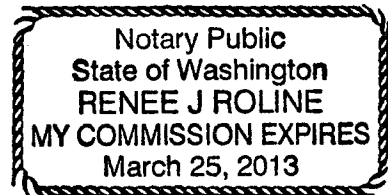
WITNESS my hand and office seal.

Notary Signature _____

Notary Signature Renée Roline

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: **P6332US01 BX2013T00833
(3712044-03995)**

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Matthew R. Muller

Inventor Name: Anders J. Wellings

Date 3/7/13
Signature *Matthew R. Muller*

Date _____
Signature _____

State of Illinois
County of Lake

State of _____
County of _____

On 07-Mar-13 before me, Julie A. Hoff (Notary Public), personally appeared Matthew Muller personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature *Julie A. Hoff*
(Seal)

Notary Signature _____
(Seal)



**Signature Sheet
(Joint Inventors)**

Serial No. _____

Filed: _____

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Matthew R. Muller

Inventor Name: Anders J. Wellings

Date _____

Date 02/09/2013

Signature _____

Signature *Anders J. Wellings*

State of _____

State of FLORIDA

County of _____

County of PINELLAS

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/9/13 before me, PAUL STEGER (Notary in G.S. Public), personally appeared Anders, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

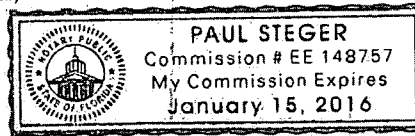
WITNESS my hand and office seal.

Notary Signature _____

Notary Signature *Paul Steger*

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: **P6332US01 BX2013T00833
(3712044-03995)**

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Kathryn Louise Hansbro

Inventor Name: Borut Cizman

Date 3/8/2013
Signature Kathryn Hansbro

Date _____
Signature _____

State of IL

State of _____

County of Lake

County of _____

On 3/8/13 before me, Adam Bubash (Notary Public), personally appeared to me, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

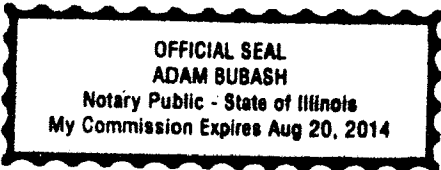
WITNESS my hand and office seal.

Notary Signature Adam Bubash

Notary Signature _____

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Kathryn Louise Hansbro

Inventor Name: Borut Cizman

Date _____

Date March 8, 2013

Signature _____

Signature B. Cizman MD

State of ILLINOIS

State of ILLINOIS B.C.

County of LAKE

County of LAKE

On 3/8/2013 before me, MARSHA SOMPPPI (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/8/2013 before me, MARSHA SOMPPPI (Notary Public), personally appeared BORUT CIZMAN personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

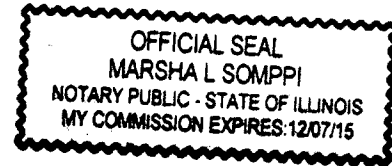
WITNESS my hand and office seal.

Notary Signature _____

Notary Signature Marsha L Somppi

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Brian S. Kunzeman

Inventor Name: Robin D. Cooper

Date 3/7/2013

Date _____

Signature [Handwritten Signature]

Signature _____

State of Illinois

State of _____

County of Lake

County of _____

On 3/7/13 before me, Bonnie J. Johnson (Notary Public), personally appeared [Signature], personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

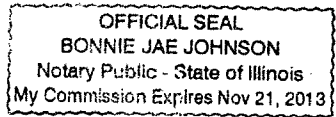
On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature [Handwritten Signature]
(Seal)

Notary Signature _____
(Seal)



**Signature Sheet
(Joint Inventors)**

Serial No. _____

Filed: _____

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Brian S. Kunzeman

Inventor Name: Robin D. Cooper

Date _____

Date 3/8/2013

Signature _____

Signature *Robin D Cooper*

State of _____

State of ILLINOIS

County of _____

County of LAKE

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/8/2013 before me, MARSHA SOMPPAI (Notary Public), personally appeared Robin Cooper personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

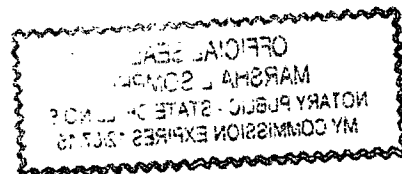
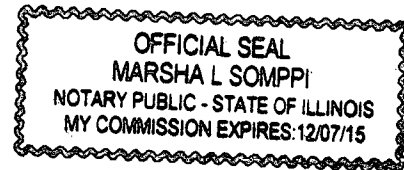
WITNESS my hand and office seal.

Notary Signature _____

Notary Signature *Marsha L Somppi*

(Seal)

(Seal)



Signature Sheet (Joint Inventors)

Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING, SERVICING AND INVENTORY

Inventor Name: Timothy L. Kudelka

Inventor Name: Angelo A. Sarto

Date 08 March 2013

Date _____

Signature Timothy L. Kudelka

Signature _____

State of ILLINOIS

State of _____

County of LAKE

County of _____

On 3/8/2013 before me, MARSHA SOMPPI (Notary Public), personally appeared Timothy Kudelka, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

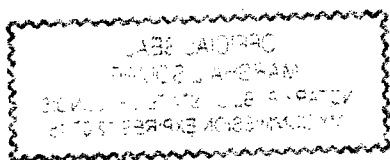
Notary
Signature

Marsha L. Somppi

Notary
Signature

(Seal)

(Seal)



Serial No. _____

Filed: _____

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Timothy L. Kudelka

Inventor Name: Angelo A. Sarto

Date _____

Date 11 March 2013

Signature _____

Signature *Angelo Sarto*

State of _____

State of Illinois

County of _____

County of Lake

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3-11-13 before me Bonnie Jae Johnson (Notary Public), personally appeared _____, personally known to me (or ~~proved to me~~ on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

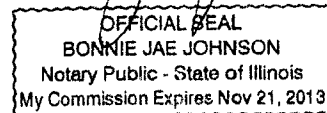
WITNESS my hand and office seal.

Notary Signature _____

Notary Signature *Bonnie Jae Johnson*

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No. P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Steve Joseph Lindo

Inventor Name: Jostein Baustad

Date 14 March 2013

Date _____

Signature [Handwritten Signature]

Signature _____

State of Illinois

State of _____

County of Lake

County of _____

On 3/14/2013 before me, Lawrence D. Dickman (Notary Public),
personally appeared Steve, personally known to me
(or proved to me on the basis of satisfactory evidence)
to be the person(s) whose name(s) is/are subscribed
to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted,
executed the instrument.

On _____ before me, _____ (Notary Public),
personally appeared _____, personally known to me (or
proved to me on the basis of satisfactory evidence) to
be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted,
executed the instrument.

WITNESS my hand and office seal.

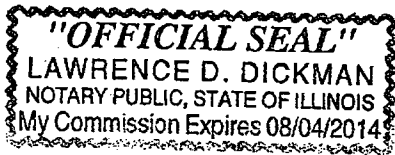
WITNESS my hand and office seal.

Notary Signature Lawrence D. Dickman

Notary Signature _____

(Seal)

(Seal)



**Signature Sheet
(Joint Inventors)**

Serial No. _____

Filed: _____

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Steve Joseph Lindo

Inventor Name: Jostein Baustad

Date _____

Date 3/11/2013

Signature _____

Signature Jostein Baustad

State of _____

State of Illinois

County of _____

County of Lake

On _____ before me, _____ (Notary Public), personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/11/13 before me, ^{JOSEPHINE LUBERDA} (Notary Public), personally appeared ^{JUSTEIN BAUSTAD} _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

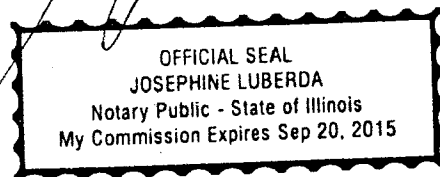
WITNESS my hand and office seal.

Notary Signature _____

Notary Signature Josephine Luberd

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: **P6332US01 BX2013T00833**
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Duston Mounts

Inventor Name: Shafali Hill

Date 3/14/2013

Date _____

Signature *[Signature]*

Signature _____

State of TEXAS

State of _____

County of COLLIN

County of _____

On 14 MARCH 2013 before me, PRAGYA ACHARYA
DUSTON RANDAL MOUNTS (Notary Public),
personally appeared _____, personally known to me
(or proved to me on the basis of satisfactory evidence)
to be the person(s) whose name(s) is/are subscribed
to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted,
executed the instrument.

On _____ before me, _____ (Notary Public),
personally appeared _____, personally known to me (or
proved to me on the basis of satisfactory evidence) to
be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted,
executed the instrument.

WITNESS my hand and office seal.

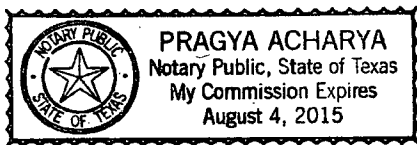
WITNESS my hand and office seal.

Notary
Signature *[Signature]*

Notary
Signature _____

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,
SERVICING AND INVENTORY**

Inventor Name: Duston Mounts

Inventor Name: Shafali Hill

Date _____

Date March 8, 2013

Signature _____

Signature *Shafali Hill*

State of _____

State of ILLINOIS

County of _____

County of LAKE

On _____ before me, _____ (Notary Public),
personally appeared _____, personally known to me
(or proved to me on the basis of satisfactory evidence)
to be the person(s) whose name(s) is/are subscribed
to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted,
executed the instrument.

On 3/8/2013 before me, ^{MARSHA SOMPPI} _____ (Notary Public),
personally appeared ^{SHAFALI} HILL, personally known to me (or
proved to me on the basis of satisfactory evidence) to
be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted,
executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary
Signature _____

Notary
Signature *Marsha L. Somppi*

(Seal)

(Seal)

