

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4387517

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
WILLIAM S. GIBBONS JR	01/04/2017
RECEIVING PARTY DATA	
Name:	COOK MEDICAL TECHNOLOGIES LLC
Street Address:	750 N. DANIELS WAY
City:	BLOOMINGTON
State/Country:	INDIANA
Postal Code:	47404
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15445318
CORRESPONDENCE DATA	
Fax Number:	(312)321-4299
<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:	3123214200
Email:	usassignments@brinksgilson.com,cwiechers@brinksgilson.com
Correspondent Name:	DAVID L. BERNARD III
Address Line 1:	P.O. BOX 10395
Address Line 4:	CHICAGO, ILLINOIS 60610
ATTORNEY DOCKET NUMBER:	10000/3481
NAME OF SUBMITTER:	DAVID L. BERNARD III
SIGNATURE:	/David L. Bernard III/
DATE SIGNED:	04/27/2017
Total Attachments: 3	
source=10000-3481 Assignment Gibbons to Cook#page1.tif	
source=10000-3481 Assignment Gibbons to Cook#page2.tif	
source=10000-3481 Assignment Gibbons to Cook#page3.tif	

ASSIGNMENT AND AGREEMENT

THIS ASSIGNMENT ("Assignment") is made the 4th day of January, 2017, by Emily Bell Gibbons, acting as the Personal Representative of the Estate of William S. Gibbons, Jr. (hereinafter "Assignor").

WHEREAS, I/We, William S. Gibbons, Jr., have invented a certain invention or inventions related to "FLEXIBLE ENDOSCOPIC SUPPORT SYSTEM" and being described in U.S. Provisional Application No. 62/301,705, filed on March 1, 2016; U.S. Nonprovisional Application No. 15/445,318, filed on Feb 28, 2017; PCT Application No. _____, filed on _____; and any and all applications claiming the benefit thereof including the right of priority, (the "Invention" or "Inventions"). (I/We hereby consent to the patent attorney entering the serial numbers and filing dates when they become known.)

WHEREAS, the Inventor(s) would acknowledge that any of my/our right, title, or interest in the Invention or Inventions aforementioned vest in **Cook Medical Technologies LLC**, an Indiana limited liability company, having an office at 750 N. Daniels Way, Bloomington, IN 47404, U.S.A. ("Assignee"), by virtue of employment or otherwise.

WHEREAS, to the extent that any of my/our right, title, or interest in the Invention or Inventions has not been transferred or assigned to Assignee by virtue of employment or otherwise, Inventor(s) desires to assign to Assignee all of my/our right, title, and interest in, to, or under the Invention or Inventions, and Assignee desires to accept such an assignment.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged:

Inventor(s) hereby sells, assigns and transfers and does hereby confirm any previous contribution, assignment, and transfer, unto Assignee and its successors, assigns, and legal representatives all of my/our right, title and interest in the Invention or Inventions, all of my/our right, title, and interest in the Invention or Inventions being in the United States of America and all other countries and states of the world, and all the rights and privileges in said application and under any and all Letters Patent or any continuation, division, renewal, or substitute thereof, and any reissue or re-examination thereof that may be granted in the United States and in any country or state of the world for the Invention or Inventions (including, without limitation, all proceeds thereof and the rights to sue for past, present and future infringements). I/We sell, assign, and transfer all of my/our right, title and interest in the Invention or Inventions as of the day of signature or of filing of the first filed patent application for the Invention or Inventions, whichever is the earlier.

The Inventor(s) authorizes Assignee to make application for such protection in its own name and maintain such protection in any and all countries foreign to the United States, and to invoke and claim for any application for patent or other form of protection for the Invention or Inventions, without further authorization from me/us,

any and all benefits, including the right of priority provided by any and all treaties, conventions, or agreements.

The Inventor(s) hereby consents that a copy of this assignment shall be deemed a full legal and formal equivalent of any document that may be required in any country in proof of the right of Assignee to apply for patent or other form of protection for the Invention or Inventions and to claim the aforesaid benefit of the right of priority.

The Inventor(s) requests that any and all patents for the Invention or Inventions be issued to Assignee in the United States and in all countries foreign to the United States or to such nominees as Assignee may designate.

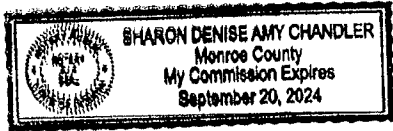
The Inventor(s) agrees that, when requested, I/we shall, without charge to Assignee, but at their expense, sign all papers, take all rightful oaths, and do all acts that may be necessary, desirable or convenient in connection with said applications, patents, or other forms of protection for the Invention or Inventions.

Dated: 01-04-17 Emily Bell Gibbons
Emily Bell Gibbons, acting as the Personal Representative of the Estate of William S. Gibbons, Jr.

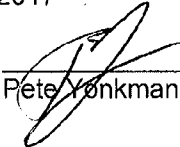
State of Indiana)
County of Monroe) ss:

On this 4th day of January, 2016, before me personally came Emily Bell Gibbons, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Sharon Denise Amy Chandler
Notary Public
Residing in Monroe County




Signed for and on behalf of
COOK MEDICAL TECHNOLOGIES LLC
This 6 day of January, 2017



Pete Yonkman, President

State of Indiana)
) ss:
County of Monroe)

On this 6th day of January, 2017, before me personally came
Pete Yonkman, to me known to be the individual described in and who executed the
foregoing instrument, and acknowledged execution of the same.



Notary Public
Residing in Monroe County

My Commission Expires: _____

