

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4389452

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT		
CONVEYING PARTY DATA			
Name			Execution Date
MARIANA GARCIA CONI			10/28/2014
RECEIVING PARTY DATA			
Name:	SYNAPTIVE MEDICAL (BARBADOS) INC.		
Street Address:	CHANCERY HOUSE, HIGH STREET		
City:	BRIDGETOWN		
State/Country:	BARBADOS		
PROPERTY NUMBERS Total: 1			
Property Type	Number		
Application Number:	14906448		
CORRESPONDENCE DATA			
Fax Number:	(416)362-0823		
<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:	416-868-1482		
Email:	ridbee@ridoutmaybee.com		
Correspondent Name:	RIDOUT & MAYBEE LLP		
Address Line 1:	250 UNIVERSITY AVENUE		
Address Line 2:	5TH FLOOR		
Address Line 4:	TORONTO, CANADA M5H 3E5		
ATTORNEY DOCKET NUMBER:	50465-3051		
NAME OF SUBMITTER:	CHRISTINE Y. WONG		
SIGNATURE:	/Christine Y. Wong/		
DATE SIGNED:	04/28/2017		
Total Attachments: 3			
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WORLDWIDE ASSIGNMENT

I, **Mariana Garcia Coni** (full postal address: 906-155 Dalhousie Street, Toronto, Ontario, M5B 2P7 CANADA) have invented, **HEAD RESTRAINING APPARATUS FOR A MEDICAL PROCEDURE**, for which the international application was filed:

Filing Date: October 17, 2014

Serial No. CA2014051003

and in consideration of Two Dollars (\$2.00) to each of us, paid in hand, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, WE by these presents confirm that WE have sold, transferred and assigned and do hereby sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.**, ("Assignee"), having offices at, Chancery House, High Street, Bridgetown, Barbados, its successors and assigns or nominees, all OUR rights, title and interest in all the countries of the world in and to OUR invention as fully described in the International patent application, and WE sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.** all OUR rights to apply for patent on said invention and all OUR priority rights that derive from any such applications in all the countries of the world including any and all full utility applications, divisions, continuations, continuation-in-part, re-examinations, renewals, reissues and/or extensions thereof, any design applications originating therefrom, International PCT patent applications and all national phase applications and all OUR corresponding rights, title and interest in and to any patent which may issue therefor in all the countries of the world, to have and to hold for **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s own use and **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s successors and assigns as fully and entirely as the same might be held by us if this sale had not been made, and we each make this assignment independently of each other.

AND WE HEREBY authorize Assignee, its successors, assigns, or nominees, to invoke and claim for any applications for patent or other form or protection filed, the benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it, and to invoke and claim such right of priority without need for further written or oral authorization;

AND WE IRREVOCABLY CONSENT and agree that any and all applications for patent or other form of protection may be applied for in OUR names, the personal names of the inventors, without further consideration;

AND WE UNDERTAKE to sign such further documents to effect the aforesaid sale, assignment and transfer as may be required from time to time, without further consideration, but at the expense of **SYNAPTIVE MEDICAL (BARBADOS) INC.**

This assignment can be signed in counterparts.

SIGNED at Toronto, Ontario, CANADA, this 28 day of October, 2014.



Mariana Garcia Coni

DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Mariana Garcia Coni** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 28 day of October, 2014.



Maia Jones

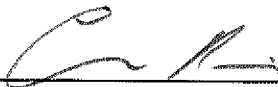
ACCEPTANCE

The Assignee accepts this assignment.

Signed at Toronto, Ontario, CANADA, this 28 day of October, 2014.

SYNAPTIVE MEDICAL (BARBADOS) INC.

Signature: _____



Name: Cameron Anthony Piron

Title: Director and President, Synaptive Medical (Barbados) Inc.

DECLARATION OF WITNESS

I, Maia Jones, whose full post office address is 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Cameron Anthony PIRON** who is personally known to me to be the person named above duly sign and execute the above on behalf of **SYNAPTIVE MEDICAL (BARBADOS) INC.**

DECLARED at Toronto, Ontario, CANADA, this 28 day of October, 2014.

Maia Jones