

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT4480666

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
BARRY C. WORRELL	12/18/2015
GEOFFREY S. STROBL	01/20/2016
GREGORY A. TREES	01/20/2016
JONATHAN T. BATROSS	02/18/2016
KRISTEN T. SHOGER	11/15/2015
DAVID K. NORVELL	12/18/2015
MICHAEL J. ANDREYKO	11/16/2015
GREGORY W. JOHNSON	02/03/2016
SHAWN C. SNYDER	02/18/2016
CHAD P. BOUDREAU	12/16/2015
RECEIVING PARTY DATA	
Name:	ETHICON ENDO-SURGERY, INC.
Street Address:	4545 CREEK ROAD
City:	CINCINNATI
State/Country:	OHIO
Postal Code:	45242
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14921430
CORRESPONDENCE DATA	
Fax Number:	(412)355-6501
<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:	412-355-6423
Email:	piuspatents@klgates.com
Correspondent Name:	ROBERTO CAPRIOTTI
Address Line 1:	210 SIXTH AVENUE
Address Line 2:	K&L GATES CENTER
Address Line 4:	PITTSBURGH, PENNSYLVANIA 15222-2613
ATTORNEY DOCKET NUMBER:	END7042USCNT1/110388CON1

PATENT

NAME OF SUBMITTER:	ROBERTO CAPRIOTTI
SIGNATURE:	/Roberto Capriotti/
DATE SIGNED:	06/27/2017
	This document serves as an Oath/Declaration (37 CFR 1.63).

Total Attachments: 20

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COMBINED DECLARATION AND ASSIGNMENT

Title of Invention: HAPTIC FEEDBACK DEVICES FOR SURGICAL ROBOT

This declaration and assignment is directed to:

- The attached or filed herewith application of (list of named inventors) _____,
or
 The United States application or PCT international application
number 14/921,430 filed on October 23, 2015.

Declaration

As the below named inventor, I hereby declare that:

The above-identified application ("Application") was made or authorized by me.

I believe that I am the original inventor or an original inventor of a claimed invention or discovery in the Application.

I have reviewed and understood the contents of the Application, including the claims, and I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, the United States Code of Federal Regulations, §1.56 for filings of this Application in the United States of America.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. § 1001 by fine or imprisonment of not more than five (5) years, or both for filings of this Application in the United States of America.

Assignment

Ethicon Endo-Surgery, Inc.
4545 Creek Road
Cincinnati, Ohio 45242

A corporation of the state or country of Ohio
(hereinafter designated as the "Assignee"),

I hereby acknowledge that I have assigned the above-identified invention by previous assignment (attached hereto) to Assignee which is hereby conformed for recordation in the US Patent Office and I confirm I have and do assign and transfer:

or

For good and valuable consideration, the sufficiency of which is acknowledged, I hereby assign and transfer and/or have assigned and transferred to Assignee:

my entire right, title, and interest in, to, and under the Application, including all priority rights for other countries arising therefrom and the right to claim priority to the Application, all inventions or discoveries therein disclosed, and any and all Letters Patent of the United States, European Patent Office and of all other countries, which may be granted for such inventions or discoveries, or any of them, all such inventions or discoveries and all rights in such Application including any and all provisionals, substitutions, divisions, and continuations thereof, and to all Letters Patent that may be granted for said inventions and discoveries, and in and to all extensions, supplementary protection certificates, reexaminations, renewals, and reissues thereof, to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by me had this assignment and sale not been made.

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I hereby (i) authorize and request the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from the Application or any divisional, continuation, or reissue applications thereof, and any reexamination of any of such applications, to Assignee, and (ii) covenant that I have full right to convey the interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

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Barry C. Worrell

LEGAL NAME OF INVENTOR

Barry C. Worrell
Signature

12-18-2015
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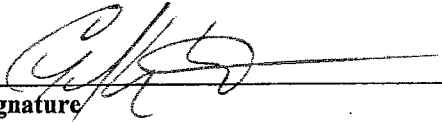
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Geoffrey S. Strobl

LEGAL NAME OF INVENTOR



Signature

1/20/2016

Date

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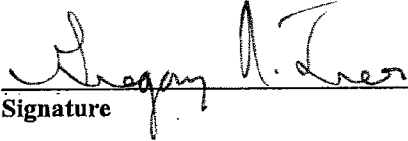
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Gregory A. Trees

LEGAL NAME OF INVENTOR



Signature

1/20/2016

Date

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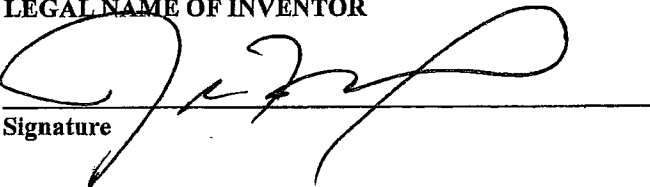
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Jonathan T. Batross
LEGAL NAME OF INVENTOR


Signature

Feb 18, 2016
Date

COMBINED DECLARATION AND ASSIGNMENT

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Kristen T. Shoger
LEGAL NAME OF INVENTOR


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Nov. 15, 2015
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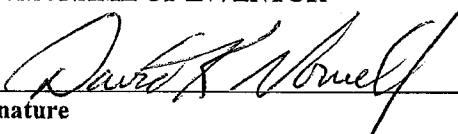
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I hereby (i) authorize and request the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from the Application or any divisional, continuation, or reissue applications thereof, and any reexamination of any of such applications, to Assignee, and (ii) covenant that I have full right to convey the interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

I hereby grant the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to obtain legal recordation of this document.

David K. Norvell

LEGAL NAME OF INVENTOR


Signature

12-18-2015
Date

Attorney Docket No.: END7042USCNT1/110388CON1
 US Application No.: 14/921,430

COMBINED DECLARATION AND ASSIGNMENT

Title of Invention: HAPTIC FEEDBACK DEVICES FOR SURGICAL ROBOT

This declaration and assignment is directed to:

The attached or filed herewith application of (list of named inventors) _____,

or

The United States application or PCT international application number 14/921,430 filed on October 23, 2015.

Declaration

As the below named inventor, I hereby declare that:

The above-identified application ("Application") was made or authorized by me.

I believe that I am the original inventor or an original inventor of a claimed invention or discovery in the Application.

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I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. § 1001 by fine or imprisonment of not more than five (5) years, or both for filings of this Application in the United States of America.

Assignment

Ethicon Endo-Surgery, Inc.
 4545 Creek Road
 Cincinnati, Ohio 45242

A corporation of the state or country of Ohio

(hereinafter designated as the "Assignee"),

I hereby acknowledge that I have assigned the above-identified invention by previous assignment (attached hereto) to Assignee which is hereby conformed for recordation in the US Patent Office and I confirm I have and do assign and transfer:

or

For good and valuable consideration, the sufficiency of which is acknowledged, I hereby assign and transfer and/or have assigned and transferred to Assignee:

my entire right, title, and interest in, to, and under the Application, including all priority rights for other countries arising therefrom and the right to claim priority to the Application, all inventions or discoveries therein disclosed, and any and all Letters Patent of the United States, European Patent Office and of all other countries, which may be granted for such inventions or discoveries, or any of them, all such inventions or discoveries and all rights in such Application including any and all provisionals, substitutions, divisions, and continuations thereof, and to all Letters Patent that may be granted for said inventions and discoveries, and in and to all extensions, supplementary protection certificates, reexaminations, renewals, and reissues thereof, to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by me had this assignment and sale not been made.

Attorney Docket No.: END7042USCNT1/110388CON1
US Application No.: 14/921,430

I shall execute all papers necessary in connection with the Application in the United States Patent and Trademark Office, European Patent Office, any other patent offices, and under the Patent Cooperation Treaty, and any continuing, divisional, or reissue applications thereof, any reexamination of any of such applications, and any patent term extensions or supplementary protection certificates of any such applications and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

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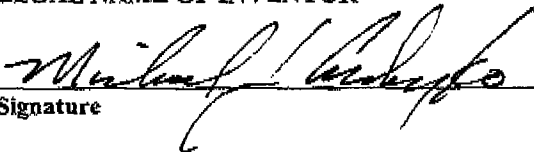
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Michael J. Andreyko
LEGAL NAME OF INVENTOR


Signature

11-16-2015
Date

Handwritten initials or marks

COMBINED DECLARATION AND ASSIGNMENT

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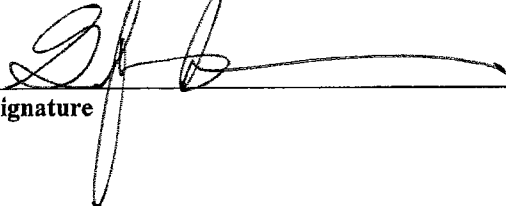
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Gregory W. Johnson
LEGAL NAME OF INVENTOR


Signature

2/3/16
Date

COMBINED DECLARATION AND ASSIGNMENT**Title of Invention:** HAPTIC FEEDBACK DEVICES FOR SURGICAL ROBOT

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Shawn C. Snyder

LEGAL NAME OF INVENTOR



Signature

2-18-16

Date

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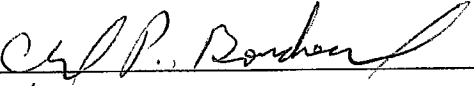
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Chad P. Boudreaux
LEGAL NAME OF INVENTOR


Signature

12-16-2013
Date