

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4502201

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JEFFREY L. TRUDEAU	09/05/2014
BRIAN PATRICK JANOWSKI	09/16/2014
THOMAS KILPELA	09/16/2014
MICHAEL R. JACKSON	07/28/2014
QI-BIN BAO	06/19/2014
RECEIVING PARTY DATA	
Name:	PIONEER SURGICAL TECHNOLOGY, INC.
Street Address:	375 RIVER PARK CIRCLE
City:	MARQUETTE
State/Country:	MICHIGAN
Postal Code:	49855
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15639416
CORRESPONDENCE DATA	
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ATTORNEY DOCKET NUMBER:	7115-141107-US
NAME OF SUBMITTER:	PAUL B. HENKELMANN
SIGNATURE:	/Paul B. Henkelmann/
DATE SIGNED:	07/13/2017
Total Attachments: 7	

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**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION AND ASSIGNMENT THEREOF**

As a below named inventor, I hereby declare that:

The below-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

SYSTEMS AND APPARATUSES FOR INSERTING AN IMPLANT IN INTERVERTEBRAL SPACE

(Title of Invention)

the specification of which:

- ☐ is attached hereto, or
- ☒ was filed by an authorized person on my behalf on May 5, 2014
as United States Application Number or PCT International Application Number
14/270,076, and was amended on _____
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the filing date of the continuation-in-part application.

I, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign and sell, which confirms any previous assignment by me or by operation of law, to Pioneer Surgical Technology, Inc., a Michigan corporation, having its principal place of business at 375 River Park Circle, Marquette, Michigan

49855, United States Of America ("Assignee"), its successors, assigns, and legal representatives, the entire right, title, and interest, in and to all subject matter and improvements invented, made, or conceived by me and described in the application for patent identified above and in and to all patent and all patent convention and treaty rights of all kinds, including the right to claim priority from said application, and all rights in and to any utility model, continuation, continuation-in-part, and divisional application therefrom, and any reissue or re-examination as to any patent issuing therefrom, in all countries throughout the world, for all such subject matter described therein, including all rights of action and rights to recover damages for past infringements.

I agree that on request and without further consideration, I will communicate to the Assignee or its representatives or nominees any facts known to me respecting the inventions and improvements and testify in any legal proceeding, make all rightful oaths, sign all lawful papers, and execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent, utility model, or other similar rights in all countries including, but not limited to, any provisional, non-provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, for any derivation proceedings relating thereto, and, as to any patents that issue from such applications, for any supplemental examination, derivation proceeding, opposition, post grant review, reissue, re-examination, *inter partes* review, or extension thereof, and generally do everything possible to aid the Assignee, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true.

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.

Legal Name of Inventor:

(Given names first, with Family name last)

Jeffrey L. Trudeau

Inventor's Signature:

Jeffrey L. Trudeau

Date:

9/5/14

Inventor's Address:

108 Cedar Lane
Marquette, Michigan 49855
United States of America

State of Michigan

) ss

County of Marquette

On Sept 5, 2014, before me, John Sullivan,
a Notary Public in and for said State, personally appeared JEFFREY L. TRUDEAU,
personally known by me (or proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within instrument and acknowledged to me
that he executed the same in his authorized capacity, and that by his signature on the
instrument the person, or the entity upon behalf of which the person acted, executed the
instrument.

WITNESS my hand and official seal.

Notary Public

JOHN SULLIVAN

Notary public, Marquette County, Michigan

My Commission Expires:

My commission expires August 24, 2020

Legal Name of Inventor:
(Given names first, with Family name last)

Brian Patrick Janowski

Inventor's Signature:

Brian Janowski

Date:

9-16-14

Inventor's Address:

11 Specker Circle
Marquette, Michigan 49855
United States of America

State of Michigan)

) ss

County of Marquette)

On September 16, 2014 before me, John Sullivan,
a Notary Public in and for said State, personally appeared BRIAN PATRICK JANOWSKI,
personally known by me (or proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within instrument and acknowledged to me
that he executed the same in his authorized capacity, and that by his signature on the
instrument the person, or the entity upon behalf of which the person acted, executed the
instrument.

WITNESS my hand and official seal.

John Sullivan
Notary Public **JOHN SULLIVAN**
Notary public, Marquette County, Michigan
My commission expires August 24, 2020
My Commission Expires: _____

Legal Name of Inventor:

(Given names first, with Family name last)

Thomas Kilpela

Inventor's Signature:

Thomas Kilpela 9/16/14

Date:

Inventor's Address:

1600 County Road #492
Marquette, Michigan 49855
United States of America

State of Michigan _____)

) ss

County of Marquette _____)

On September 16, 2014 before me, John Sullivan
a Notary Public in and for said State, personally appeared THOMAS KILPELA, personally
known by me (or proved to me on the basis of satisfactory evidence) to be the person
whose name is subscribed to the within instrument and acknowledged to me that he
executed the same in his authorized capacity, and that by his signature on the
instrument the person, or the entity upon behalf of which the person acted, executed the
instrument.

WITNESS my hand and official seal.

John Sullivan
Notary Public **JOHN SULLIVAN**
Notary public, Marquette County, Michigan
My commission expires August 24, 2020

My Commission Expires: _____

Legal Name of Inventor:
(Given names first, with Family name last)

Michael R. Jackson

Inventor's Signature:

Michael R. Jackson
7/28/14

Date:

Inventor's Address:

50733 Schaaf Estates Road
Hancock, Michigan 49930
United States of America

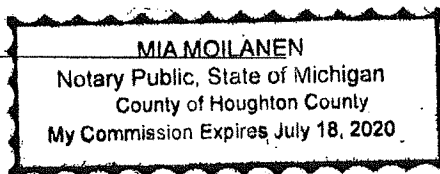
State of Michigan)
County of Houghton) ss

On July 28, 2014, before me, Mia Moilanen,
a Notary Public in and for said State, personally appeared MICHAEL R. JACKSON,
personally known by me (or proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within instrument and acknowledged to me
that he executed the same in his authorized capacity, and that by his signature on the
instrument the person, or the entity upon behalf of which the person acted, executed the
instrument.

WITNESS my hand and official seal.

Mia Moilanen
Notary Public

My Commission Expires: _____



Legal Name of Inventor:
(Given names first, with Family name last)

Qi-Bin Bao

Inventor's Signature:



Date:

June 19, 2014

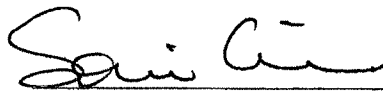
Inventor's Address:

5710 Olinger Boulevard
Edina, Minnesota 55436
United States of America

State of People's Republic of China)
 Municipality of Beijing) ss:)
 Embassy of the United)
County of States of America) ss

On 19 JUN 2014, 20__, before me, _____,
a ~~Notary Public in and for said State~~, personally appeared QI-BIN BAO, ~~personally~~
~~known by me (or~~ proved to me on the basis of satisfactory evidence), to be the person
whose name is subscribed to the within instrument and acknowledged to me that he
executed the same in his authorized capacity, and that by his signature on the
instrument the person, or the entity upon behalf of which the person acted, executed the
instrument.

WITNESS my hand and official seal.

 Sonia Crisp, Vice Consul
Notary Public

My Commission Expires: PRESIDENTIAL COMMISSIONS DO NOT EXPIRE