

PATENT ASSIGNMENT COVER SHEET

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Stylesheet Version v1.2

EPAS ID: PAT4508206

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
TIM WU	06/12/2017
FERGAL KERINS	06/13/2017
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:	15611982
CORRESPONDENCE DATA	
Fax Number:	
<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:	416-479-8647
Email:	mailbox@rowandlaw.com
Correspondent Name:	ROWAND LLP
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Address Line 4:	TORONTO, CANADA M5H 2T7
ATTORNEY DOCKET NUMBER:	313-0019USP1
NAME OF SUBMITTER:	FRASER ROWAND
SIGNATURE:	/Fraser Rowand/
DATE SIGNED:	07/18/2017
Total Attachments: 4	
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WORLDWIDE ASSIGNMENT

WE, **Tim WU** (full postal address: 633 Breakwater Crescent, Waterloo, Ontario, N2K 4H6 CANADA) and **Fergal KERINS** (full postal address: 100 Oriole Parkway, Suite 103, Toronto, Ontario, M5P 2G8 CANADA) have invented, **SPINAL TRAINING SIMULATOR**, for which the patent application was filed:

Filing Date: June 2, 2017

Serial No. 15/611,982

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 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, 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 12 day of June, 2017.



Tim WU

DECLARATION OF WITNESS

I, **Thanh VUONG**, full contact office address being 555 Richmond St. W., 8th Floor, Toronto, Ontario, M5V 3B1, CANADA, hereby declare that I was personally present and did see **Tim WU** 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 12 day of June, 2017.



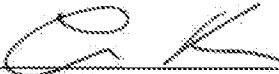
Thanh VUONG

ACCEPTANCE

The Assignee accepts this assignment.

Signed at Toronto, Ontario, CANADA, this 12 day of June, 2017.

SYNAPTIVE MEDICAL (BARBADOS) INC.

Signature:  _____

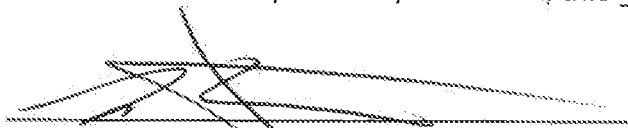
Name: Cameron Anthony Piron

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

DECLARATION OF WITNESS

I, **Thanh VUONG**, full contact office address being 555 Richmond St. W., 8th Floor, Toronto, Ontario, M5V 3B1, 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 12 day of June, 2017.



Thanh VUONG

SIGNED at Toronto, Ontario, CANADA, this 13 day of June, 2017.

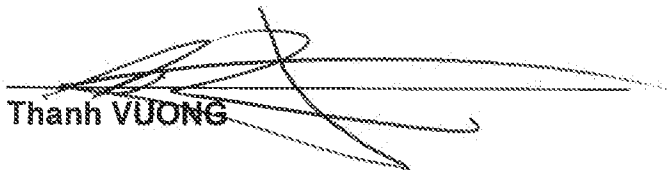


Fergal KERINS

DECLARATION OF WITNESS

I, **Thanh VUONG**, full contact office address being 555 Richmond St. W., 8th Floor, Toronto, Ontario, M5V 3B1, CANADA, hereby declare that I was personally present and did see **Fergal KERINS** 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 13 day of June, 2017.



Thanh VUONG