

PATENT ASSIGNMENT COVER SHEET

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Stylesheet Version v1.2

EPAS ID: PAT4559158

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
MATTHEW P. GEPHART	07/17/2017
PETER DIDYK	08/17/2017
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:	15645029
CORRESPONDENCE DATA	
Fax Number:	(312)577-7007
<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>	
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Address Line 2:	SUITE 1600
Address Line 4:	CHICAGO, ILLINOIS 60603
ATTORNEY DOCKET NUMBER:	7115-141326-US
NAME OF SUBMITTER:	JONATHAN H. URBANEK
SIGNATURE:	/Jonathan H. Urbanek/
DATE SIGNED:	08/21/2017
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 4	
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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.

SURGICAL CABLE TENSIONER

(Title of Invention)

the specification of which:

- is attached hereto, or
- was filed by an authorized person on my behalf on July 10, 2017 as United States Application Number or PCT International Application Number 15/645,029, 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.

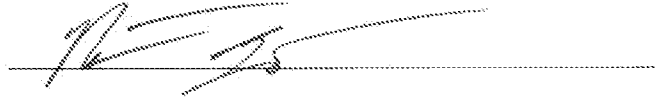
I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true.

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)

Matthew P. Gephart

Inventor's Signature:



Date:

7-17-2017

Inventor's Address:

121 Chocolay River Trail
Marquette, Michigan 49855
United States of America

State of Michigan)

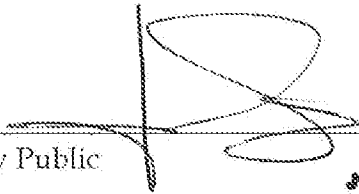
) ss

County of Marquette)

On July 17, _____, 2017, before me, John Sullivan, a Notary Public in and for said State personally appeared MATTHEW P. GEPHART, 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

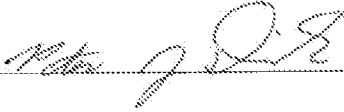
Notary public, Marquette County, Michigan

My Commission Expires ~~My commission expires August 24, 2020~~

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

Peter Didyk

Inventor's Signature:



Date:

17 August 2017

Inventor's Address:

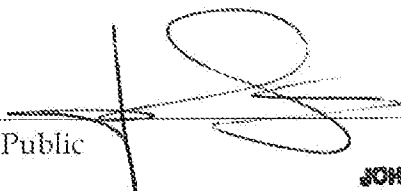
5198 Carrington Drive
Northville, Michigan 48167
United States of America

State of Michigan)

County of Marquette) ss

On August 17, 2017, before me, John Sullivan a Notary Public in and for said State, personally appeared PETER DIDYK, 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~~