

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT4567139

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
LLOYD COOPER	08/25/2017
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	THE UAB RESEARCH FOUNDATION
<b>Street Address:</b>	701 20TH STREET SOUTH
<b>Internal Address:</b>	ADMINISTRATION BUILDING 770
<b>City:</b>	BIRMINGHAM
<b>State/Country:</b>	ALABAMA
<b>Postal Code:</b>	35294
<b>Name:</b>	MOVI MEDICAL, LLC
<b>Street Address:</b>	813 SHADES CREEK PARKWAY
<b>Internal Address:</b>	SUITE 104
<b>City:</b>	BIRMINGHAM
<b>State/Country:</b>	ALABAMA
<b>Postal Code:</b>	35209
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	15452454
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(205)488-6267
<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>	
<b>Phone:</b>	205-521-8267
<b>Email:</b>	devans@bradley.com
<b>Correspondent Name:</b>	DONITA EVANS
<b>Address Line 1:</b>	1819 FIFTH AVENUE NORTH
<b>Address Line 2:</b>	BRADLEY ARANT BOULT CUMMINGS LLP
<b>Address Line 4:</b>	BIRMINGHAM, ALABAMA 35203
<b>ATTORNEY DOCKET NUMBER:</b>	204996-301002
<b>NAME OF SUBMITTER:</b>	DONITA EVANS

<b>SIGNATURE:</b>	/donita evans/
<b>DATE SIGNED:</b>	08/25/2017
<b>Total Attachments: 3</b> source=15452454assign2#page1.tif source=15452454assign2#page2.tif source=15452454assign2#page3.tif	

**ASSIGNMENT OF PATENT APPLICATION**

I, **LLOYD COOPER**, residing at 210 Mountain Avenue Bham AL 35213, and

I, **WILLIAM FERNIANY**, residing at \_\_\_\_\_  
(collectively "Assignors") state that we are the original co-inventors of the inventions relating to the

**TRANSPORT CHAIRS**

described in U.S. Patent Application serial number 15/452,454 (such inventions and description being the "inventions"). Assignors agree to assign, and hereby do assign for good and valuable consideration, receipt and sufficiency of which are hereby expressly acknowledged, and hereby do sell, assign and transfer undivided and equal portions of their entire interest unto

The UAB Research Foundation, 701 20th Street South, Administration Building 770, Birmingham, Alabama, USA; and

MOVI Medical, LLC, 813 Shades Creek Parkway, Suite 104, Birmingham, Alabama, USA

(the "Assignees") and their successors, assigns and legal representatives, Assignors' entire right, title and interest, for all countries in and to: (1) the inventions, (2) application serial number 15/452,454 (the "Current Application") and any invention(s) (including without limitation, improvement(s)) set forth therein; and (3) any and all applications (and all rights and inventions therein) that claim the benefit of or priority to the Current Application, including without limitation any and all non-provisional applications, continuation applications, continuation-in-part applications, divisional applications, renewals, International applications, national stage applications, foreign counterpart applications, supplementary protection certificates, and substitutes (collectively "Future Applications"); and (4) all the rights and privileges under any and all Letters Patent that may be granted for any of the foregoing in any country, and any reissues, or reexaminations, or extensions thereof. Assignors request that any and all Letters Patent for said inventions be issued to said Assignees, their successors, assigns and legal representatives, or to such nominees as they may designate.

**We hereby authorize and request Assignees, their agents, or representatives to insert in the attached Appendix the country code, filing date, and application number of any Future Applications when known.**

Assignors agree that, when requested, Assignors will, without charge to said Assignees but at their expense, sign all papers, take all rightful oaths, and do all acts which may be necessary, desirable or convenient for securing and maintaining patents for said inventions in any and all countries and for vesting title thereto in said Assignees, their successors, assigns and legal representatives or nominees.

Assignors authorize and empower said Assignees, their successors, assigns and legal representatives or nominees, to invoke and claim for any application for patent or other form of protection for said inventions filed by it or them, the benefit of the right of priority provided by the Patent Cooperation Treaty, the Paris Convention, and the International Convention for the Protection of Industrial Property, as amended, or by any convention or treaty which may henceforth be substituted for said treaties and conventions, and to invoke and claim such right of priority without further written or oral authorization from Assignors.

Assignors hereby consent that a copy of this assignment shall be deemed a full legal and formal equivalent of any assignment, consent to file or like document which may be required in any country for any purpose and more particularly in proof of the right of the said Assignees or nominee to claim the aforesaid benefit of the right of priority provided by the International convention which may henceforth be substituted for it.

*Page 1 of 4 Assignment of U.S. Patent Application serial number 15/452,454*

Assignors represent and covenant with said Assignees, their successors, assigns and legal representatives, that the rights and property herein conveyed are free and clear of any encumbrance, and that Assignors have full right to convey the same as herein expressed.

IN WITNESS WHEREOF, and with the intent to be bound, the inventors identified above sign their names hereto below.

**ASSIGNORS**

\_\_\_\_\_  
WILLIAM FERNIANY

\_\_\_\_\_  
Date

[PLEASE NOTARIZE AND ACKNOWLEDGE THE ASSIGNOR'S SIGNATURE]

State of \_\_\_\_\_, County of \_\_\_\_\_

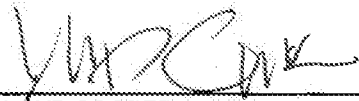
I certify that I know or have satisfactory evidence that **WILLIAM FERNIANY** is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

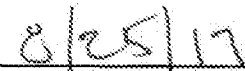
Signature: \_\_\_\_\_

[SEAL OR STAMP]

Dated: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

  
\_\_\_\_\_  
LLOYD COOPER

  
\_\_\_\_\_  
Date

[PLEASE NOTARIZE AND ACKNOWLEDGE THE ASSIGNOR'S SIGNATURE]

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that **LLOYD COOPER** is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Signature: \_\_\_\_\_

[SEAL OR STAMP]

Dated: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

ACCEPTED ON BEHALF OF ASSIGNEE UAB RESEARCH FOUNDATION:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

[PLEASE NOTARIZE AND ACKNOWLEDGE ASSIGNEE'S SIGNATURE]

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Signature: \_\_\_\_\_

[SEAL OR STAMP]

Dated: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

ACCEPTED ON BEHALF OF ASSIGNEE MOVI MEDICAL, LLC:

LLOYD COOPER  
Signature

8/25/17  
Date

LLOYD COOPER  
Printed Name

CHIEF DESIGN OFFICER  
Title

[PLEASE NOTARIZE AND ACKNOWLEDGE ASSIGNEE'S SIGNATURE]

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Signature: \_\_\_\_\_

[SEAL OR STAMP]

Dated: \_\_\_\_\_

My appointment expires: \_\_\_\_\_