

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT4579821

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
XIMEDICA, LLC	02/26/2016
RECEIVING PARTY DATA	
Name:	TITAN MEDICAL INC.
Street Address:	170 UNIVERSITY AVENUE
Internal Address:	SUITE 1000
City:	TORONTO, ONTARIO
State/Country:	CANADA
Postal Code:	M5H 3B3
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15552993
CORRESPONDENCE DATA	
Fax Number:	(949)760-9502
<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:	9497600404
Email:	efiling@knobbe.com
Correspondent Name:	KNOBBE, MARTENS, OLSON & BEAR LLP
Address Line 1:	2040 MAIN STREET
Address Line 2:	14TH FLOOR
Address Line 4:	IRVINE, CALIFORNIA 92614
ATTORNEY DOCKET NUMBER:	TIMED.032APC
NAME OF SUBMITTER:	KAZUO AOKI
SIGNATURE:	/Kazuo Aoki/
DATE SIGNED:	09/05/2017
Total Attachments: 3	
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assigns, all right, title, and interest in and to the said invention, the applications aforesaid and all International Convention priority rights therewith, and in and to any and all Patents, Registrations, and other rights that may hereafter be granted for the said invention, in all countries and other jurisdictions throughout the world, the said right, title, and interest to be held and enjoyed by said Assignee as fully and exclusively as the said right, title, and interest would have been held and enjoyed by said Assignor had this assignment and transfer not been made, to the full end and term of any and all Patents, Registrations, and other rights that may be granted for the said invention, or of any and all divisions, renewals, continuations in whole or in part, substitutions, conversions, reissues, prolongations, and extensions thereof. Assignor represents and warrants that it has not granted, has no other obligations to grant, and will not grant to others any right, title, or interest inconsistent with the right, title, and interest granted herein.

Assignor acknowledges that it hereby sells, assigns, transfers and sets over, unto said ASSIGNEE, its successors, legal representatives and assigns all causes of action for infringement of, all damages for, and all remedies for all rights related to said invention, said patent applications and patents, or any Patent, Registration, or any other rights which may be granted on the same, and all legal rights to enforce the same against third parties and to retain the entire proceeds therefrom, whether accruing before or after this Assignment.

Assignor further agrees that it will, without charge to the said Assignee but at Assignee's expense, cooperate with Assignee in the prosecution of said application and/or applications, execute, verify, acknowledge, and deliver all such further papers, including applications for Patent, Registration, or other rights and for the reissue thereof, and instruments of assignment and transfer thereof, and will perform such other acts as Assignee lawfully may request, to obtain or maintain Patent, Registration, or other rights for said invention and improvements in any and all countries, and to vest title thereto in said Assignee, or Assignee's successors and assigns.

Assignor(s) hereby authorize(s) the assignee and its assignee to insert the filing date and application number of said applications, without prior verification by said assignor(s), to provide greater certainty in the identification of the applications to which this assignment pertains.

SIGNED AT Providence, RI USA
(City or Town) (Country)
this 26 day of February, 2016.

Leonard Fario
Witness' Signature

Leonard Fario
Witness' Name

225 Park St.
Swanson, MA 02777
Witness' Address

[Signature]
Authorized Representative of
XIMEDICA, LLC

Michael Pereira
Printed Name of Authorized
Representative

EVP Technology & Operations
Title of Authorized Representative

SIGNED AT TORONTO CANADA
(City or Town) (Country)
this 16th day of February, 2016.

Susan Wilkins
Witness' Signature

Susan Wilkins
Witness' Name

170 UNIVERSITY AVE SUITE 1000
TORONTO ON M5H 3B3
Witness' Address

[Signature]
Authorized Representative of TITAN
MEDICAL INC.

STEPHEN RANDALL
Printed Name of Authorized
Representative

CFO
Title of Authorized Representative