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PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT4647719

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
MARTY CRNKOVICH	10/16/2017
ROLAND LEVIN	10/16/2017
FEI WANG	10/16/2017

RECEIVING PARTY DATA

Name:	FRESENIUS MEDICAL CARE HOLDINGS, INC.	
Street Address:	920 WINTER STREET	
City:	WALTHAM	
State/Country:	MASSACHUSETTS	
Postal Code:	02451	

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	15411606

CORRESPONDENCE DATA

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using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

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Correspondent Name: ERIN MARTELL

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ATTORNEY DOCKET NUMBER:	8142FMC0002	
NAME OF SUBMITTER:	ERIN MARTELL	
SIGNATURE:	/Erin Martell/	
DATE SIGNED:	10/19/2017	

Total Attachments: 4

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	Attorney Docket No.: Page 1 of 4 8142FMC0002	
ASSIGNMENT	Client Ref. No.: 150016US01	
	Title: ENHANCED BACKFLOW PREVENTION IN A HÉMODIALYSIS DEVICE	

WHEREAS, I, Marty Crnkovich, Roland Levin, Fei Wang, have invented certain new and useful improvements as described in U.S. patent application, entitled ENHANCED BACKFLOW PREVENTION IN A HEMODIALYSIS DEVICE, the application having been executed on even date herewith, and/or being identified in the United States Patent and Trademark Office ("USPTO") by Application No. 15/411,606, ("Invention") filed on January 20, 2017; and

WHEREAS, Fresenius Medical Care Holdings, Inc., a Corporation of the State of New York, and having a principal place of business at 920 Winter Street, Waltham, MA 02451, U.S.A. (together with its successors and assigns, and legal representatives, the "Assignee"), seeks to memorialize its ownership of the entire right, title, and interest in and to the Invention;

NOW, THEREFORE, in exchange for good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, I hereby sell, assign, and transfer to Assignee my entire right, title, and interest in and to the Invention, including all inventions disclosed or claimed in the above-identified patent application, including any improvements thereof, any corresponding domestic applications (e.g., provisional, non-provisional, divisional, continuation, continued prosecution, continuation-in-part, substitute, renewal, extension, reexamination, and/or reissue patent), any corresponding foreign applications, all patents issuing thereon, or other patent application based off or claiming priority to the above-identified patent application, and all rights and benefits under any applicable treaty or convention. I authorize the USPTO (or foreign equivalent thereof) to issue any patent (or similar legal protection) to the Assignee.

I authorize the Assignee to insert in this instrument the filing date and application number of the application when ascertained. I hereby authorize the Assignee (or its designee) to apply for a patent or patents (or similar legal protection) in its own name if desired, in any and all countries.

I represent to the Assignee that I have not and shall not execute any writing or do any act whatsoever conflicting with this Assignment. I agree when requested, without additional consideration but at the expenses of the Assignee, to provide additional reasonable assistance necessary to memorialize this assignment, to execute all oaths, declarations, assignments, powers of attorney and other papers necessary to perfect and vest title to the rights assigned herein to the Assignee; and will render all assistance in filing, obtaining, maintaining, and enforcing any patent (or similar legal protection) on the Invention in any and all countries.

ASSIGNMENT ASSIGNMENT Client Ref. No.: 150016US01 Title: ENHANCED BACKFLOW PREVENTION IN A HEMODIALYSIS DEVICE

Machil

Date: 10-16-2017

Marty Crnkovich

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

On Old Interpretation of the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my band and official seal.

JENNIE M. ROLDAN
Commission # 2135597
Notary Public - California
Contra Costa County
My Comm. Expires Dec 3, 2019

Signature of Notary Public

ASSIGNMENT Attorney Docket No.: Page 3 of 4 8142FMC0002 Client Ref. No.: 150016US01 Title: ENHANCED BACKFLOW PREVENTION IN A HEMODIALYSIS DEVICE

Kalendari III

Date: 10-16-2017

Roland Levin

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

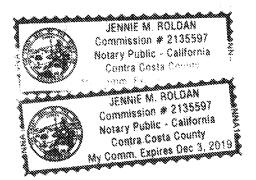
State of California

County of VON Valor (Start)

On 10 10 2017 before me. 2010 Kolary Public]. personally appeared, Roland Levin, who 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature of Notary Public

Attorney Docket No.: Page 4 of 4 8142FMC0002 Client Ref. No.: 150016US01 Title: ENHANCED BACKFLOW PREVENTION IN A HEMODIALYSIS DEVICE

Fei Wang

Fei Wang

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State of California

County of Coxtra 657

On O (2017 before me, OVVV O CO [Notary Public], personally appeared, Fei Wang, who 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

JENNIE M. ROLDAN

Commission # 2135597

Notary Public - California

Contra Costa County

My Comm. Expires Dec 3, 2019

Signature of Notary Public

PATENT REEL: 043900 FRAME: 0523

RECORDED: 10/19/2017