

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT4647787

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JON F. MOSS	09/13/2017
BERT D. EGLEY	09/13/2017
DANIEL H. SCHMIDT	09/13/2017
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:	15695247
CORRESPONDENCE DATA	
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<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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ATTORNEY DOCKET NUMBER:	8142FMC0049
NAME OF SUBMITTER:	ERIN MARTELL
SIGNATURE:	/Erin Martell/
DATE SIGNED:	10/19/2017
Total Attachments: 4	
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ASSIGNMENT	Attorney Docket No.: 8142FMC0049	Page 1 of 4
	Client Ref. No.: 160123US01	
	Title: MASKING NOISES FROM MEDICAL DEVICES, INCLUDING DIALYSIS MACHINES	

WHEREAS, I, **Jon F. Moss, Bert D. Egley, Daniel H. Schmidt**, have invented certain new and useful improvements as described in U.S. patent application, entitled **MASKING NOISES FROM MEDICAL DEVICES, INCLUDING DIALYSIS MACHINES**, 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. **15/695,247**, ("Invention") filed on **September 5, 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

Attorney Docket No.:
8142FMC0049

Page 2 of 4

Client Ref. No.: 160123US01

Title: MASKING NOISES FROM MEDICAL
DEVICES, INCLUDING DIALYSIS MACHINES

Jon F. Moss
Jon F. Moss

Date: 13 Sept 2017

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.

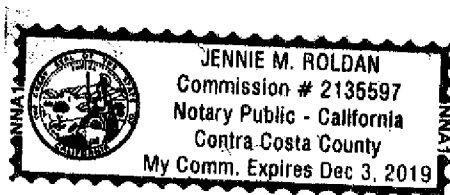
State of California

County of Contra Costa

On September 13, 2017 before me, Jennie Roldan [Notary Public], personally appeared, Jon F. Moss, 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 Roldan
Signature of Notary Public

ASSIGNMENT

Attorney Docket No.:
8142FMC0049

Page 3 of 4

Client Ref. No.: 160123US01

Title: MASKING NOISES FROM MEDICAL
DEVICES, INCLUDING DIALYSIS MACHINES

Bert D. Egley Date: 9-13-17

Bert D. Egley

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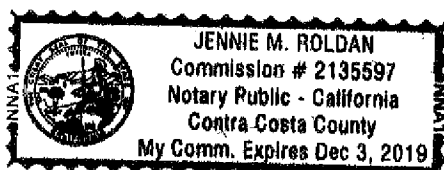
State of California }

County of Contra Costa }

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

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[Signature]
Signature of Notary Public

ASSIGNMENT

Attorney Docket No.:
8142FMC0049

Page 4 of 4

Client Ref. No.: 160123US01

Title: MASKING NOISES FROM MEDICAL
DEVICES, INCLUDING DIALYSIS MACHINES

Daniel H. Schmidt

Date: 9/13/17

Daniel H. Schmidt

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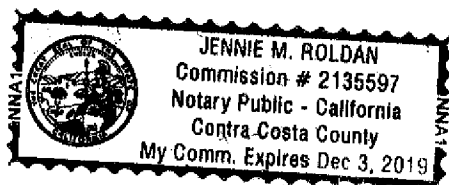
State of California }

County of Contra Costa }

On September 13, 2017 before me, Jennie Roldan [Notary Public], personally appeared, Daniel H. Schmidt, 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 Roldan

Signature of Notary Public