

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT4684364

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
STUART MINTZ	01/19/2016
ROBERT LOCKWOOD	01/25/2016
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	MEDLINE INDUSTRIES, INC.
<b>Street Address:</b>	ONE MEDLINE PLACE
<b>City:</b>	MUNDELEIN
<b>State/Country:</b>	ILLINOIS
<b>Postal Code:</b>	60060
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	29614316
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(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>	
<b>Phone:</b>	312-577-7000
<b>Email:</b>	ehernandez@fitcheven.com
<b>Correspondent Name:</b>	FITCH, EVEN, TABIN & FLANNERY LLP
<b>Address Line 1:</b>	120 S LASALLE STREET, SUITE 1600
<b>Address Line 4:</b>	CHICAGO, ILLINOIS 60603-3406
<b>ATTORNEY DOCKET NUMBER:</b>	9262-141319-US
<b>NAME OF SUBMITTER:</b>	CALISTA J. MITCHELL
<b>SIGNATURE:</b>	/Calista J. Mitchell/
<b>DATE SIGNED:</b>	11/10/2017
<b>Total Attachments: 4</b>	
source=141319_ParentCombinedDeclarationAssignment#page1.tif	
source=141319_ParentCombinedDeclarationAssignment#page2.tif	
source=141319_ParentCombinedDeclarationAssignment#page3.tif	
source=141319_ParentCombinedDeclarationAssignment#page4.tif	

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.

CLIPPER

*(Title of Invention)*

the specification of which:

- is attached hereto, or
- was filed by an authorized person on my behalf on January 15, 2016 as United States Application Number or PCT International Application Number 29/551,689, 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 Medline Industries, Inc., an Illinois corporation, having a place of business at One Medline Place, Mundelein, Illinois, 60060, 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)

Stuart Mintz

Inventor's Signature:

[Handwritten Signature]

Date:

1/19/2016

Inventor's Address:

4228 Linden Tree Lane  
Glenview, IL 60026  
US

State of Illinois )

County of Lake ) ss

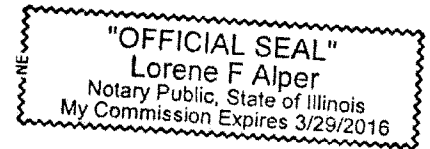
On 1/19/2016, 2016, before me, Lorene F. Alper  
a Notary Public in and for said State, personally appeared STUART MINTZ, personally  
known by me (or proved to me on the basis of satisfactory evidence) to be the person  
whose name is subscribed to the within instrument and acknowledged to me that he  
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.

[Handwritten Signature]

Notary Public

My Commission Expires: 3/29/2016



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

Robert Lockwood

Inventor's Signature:

Robert Lockwood

Date:

1/25/2016

Inventor's Address:

1124 Tracy Lane  
Libertyville, IL 60048  
US

State of Illinois )

County of Waukegan ) ss

On January 25, 2016, before me, Lorene F. Alper,  
a Notary Public in and for said State, personally appeared ROBERT LOCKWOOD,  
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.

Lorene F. Alper  
Notary Public

My Commission Expires: 3/29/2016

