504683496 12/12/2017

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4730218

SUBMISSION TYPE:			NEW ASSIGNMENT			
NATURE OF CONVEYANCE:			ASSIGNMENT			
CONVEYING PARTY D	ΑΤΑ					
			Name			Execution Date
DR. BRUCE HOCKING						12/07/2017
RECEIVING PARTY DA						
Name:		CENTER FOR PAIN AND STRESS RESEARCH LTD.				
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City:	TORON	TORONTO				
State/Country:		CANADA				
Postal Code:	M8W 1	P7				
PROPERTY NUMBERS	S Total: 1					
Property Type			Number			
Application Number: 2960		29607	07659			
	ΑΤΑ					
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ASSIGNMENT OF APPLICATION FOR PATENT AND INVENTOR'S DECLARATION

ASSIGNMENT

WHEREAS: Dr. Bruce Hocking

hereinafter referred to as the ASSIGNOR, owns rights as a inventor or co-inventor in a certain invention entitled:

Handheld Medical Device

for which application for Letters Patent of the United States was filed on June 15, 2017 having application serial number 29/607,659 in the United States Patent and Trademark Office wishes to vest these rights in said patent to:

Center for Pain and Stress Research Ltd. 3679A Lake Shore Blvd. W. Toronto M8W 1P7 ON Canada

hereinafter referred to as ASSIGNEE.

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN: Be it known that for valuable consideration resulting from the employment, ownership, or contract of the ASSIGNOR by ASSIGNEE, the ASSIGNOR hereby sells, assigns, and transfers to the ASSIGNEE the full and exclusive right, title, and interest to said invention, patent application and all Letters Patent of the United States to be obtained therefrom and any continuation, division, continuation-in-part, renewal, substitute, re-examination, or reissue application or patent therefrom for the full term or terms for which the same may be granted. The ASSIGNOR further conveys to ASSIGNEE all priority rights in all countries, and under the Patent Convention Treaty and the Paris Convention, resulting from the above-identified application for Letters Patent of the United States. The ASSIGNOR agrees to execute all papers instruments and affidavits required, to give any required testimony, and perform any other lawful acts, at the ASSIGNEE'S expense, as the ASSIGNEE may require to enable the ASSIGNEE to perfect the ASSIGNEE'S interest in any resulting patent of the United States and in countries foreign thereto which may be necessary or desirable to carry out the purposes hereof.

PATENT REEL: 044846 FRAME: 0317

The ASSIGNOR further sells, assigns, conveys and transfers to the ASSIGNEE all rights to any and all accrued past damages and to any future damages caused by infringement of the above-named patent or any patent resulting from the above-named patent application by any party anywhere, known or unknown to the ASSIGNOR, either at the time of this conveyance or at any future time.

INVENTOR'S DECLARATION

As a below-named inventor, I hereby declare that my residence and post office address are as stated below next to my name and that I believe that am the original first and sole inventor [if only one name is listed below] or an original first and joint inventor [if plural names are listed below] of the subject matter which is claimed and for which a patent is sought on the invention the specification of which is attached hereto and which has the following title:

TITLE: Handheld Medical Device 29/607,659 filedJune 15, 2017

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to in this declaration. I acknowledge a duty to disclose information which is material to patentability in accordance with 37 C.F.R. § 1.56. In addition, if this is a continuation-in-part application under 35 U.S.C. § 120, I acknowledge the duty to disclose all information known to be material to patentability as defined in 37 C.F.R. § 1.56 which becomes available between the filing date of the prior application and the filing date of the continuation-in-part.

1) This application was made by or was authorized to be made by the declarant.

2) Such individual believes himself or herself to be the original inventor or an original Joint inventor of a claimed invention in the application

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 united States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

PATENT REEL: 044846 FRAME: 0318 With this document, I hereby give <u>POWER OF ATTORNEY</u> to Clifford H. Kraft, Registration number 35 229 CUSTOMER NO. 74642 to represent me n this matter before the Patent and Trademark Office.

0	POWER OF ATTORNEY
A	
Signature 1st Inventor:	

Name: Dr. Bruce Hocking

Address: 3679A Lake Shore Blvd. W., Toronto M8W 1P7 ON Canada

CORRESPONDENCE ADDRESS: CUSTOMER NUMBER 000074642

Clifford H. Kraft 320 Robin Hill Dr. Naperville, IL 60540

708 528-9092 tel. 630 428-0104 fax.

IN TESTIMONY WHEREOF the ASSIGNOR ANI	D INVENTOR has hereunto set his hand
and seal on theth day of Dec, 2017	F
	Signature of the Assignor AND inventor
\mathcal{O}	xx .

PATENT REEL: 044846 FRAME: 0319

RECORDED: 12/12/2017