

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT4852261

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
ERICH T. WYCKOFF	01/18/2018
CHRISTOPHER D. BATICH	01/22/2018
DANIEL J. GIBSON	01/17/2018
GREGORY SCOTT SCHULTZ	01/17/2018
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.
<b>Street Address:</b>	223 GRINTER HALL
<b>City:</b>	GAINESVILLE
<b>State/Country:</b>	FLORIDA
<b>Postal Code:</b>	32611
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	15745015
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	
<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>	7709339500
<b>Email:</b>	elise.petersen@thomashorstemeyer.com
<b>Correspondent Name:</b>	CARIN R. MILLER
<b>Address Line 1:</b>	3200 WINDY HILL ROAD SE
<b>Address Line 2:</b>	SUITE 1600E
<b>Address Line 4:</b>	ATLANTA, GEORGIA 30339
<b>ATTORNEY DOCKET NUMBER:</b>	222108-1460
<b>NAME OF SUBMITTER:</b>	CARIN R. MILLER
<b>SIGNATURE:</b>	/CARIN R. MILLER/
<b>DATE SIGNED:</b>	03/06/2018
<b>Total Attachments: 5</b>	
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**DECLARATION AND ASSIGNMENT**

As a below-named inventor, I/we hereby declare that I/we believe I/we am/are the original inventor(s) or an original joint inventor of the subject matter which is claimed in the patent application for United States letters patent, entitled, "LAPAROSCOPIC TISSUE REMOVAL SYSTEM" (the "Invention") that

was signed by me/us on \_\_\_\_\_ (attached) and/or  
 was filed on **January 15, 2018**, Serial No. **15/745,015** (the "Application").

The Application was made or authorized to be made by me, and I/we have reviewed and understand its contents, including the claims.

I/we hereby acknowledge the duty to disclose information that is material to patentability of the Invention in accordance with Title 37, Code of Federal Regulations, § 1.56.

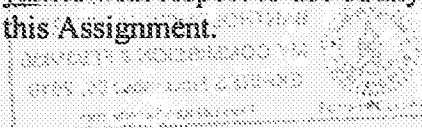
I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years or both.

By virtue of my/our employment, appointment, or affiliation with the University of Florida (the "University") and pursuant to the University Intellectual Property Policy and my Intellectual Property Agreement with the University, I/we have assigned all my/our rights in the Invention to the University or its assignee or designee. I/we hereby acknowledge that the University has designated the University of Florida Research Foundation, Incorporated (the "Foundation") to be the assignee of its entire right, title, and interest in the Invention.

THEREFORE, for valuable consideration, the sufficiency and receipt of which I/we hereby acknowledge, I/we confirm and ratify the sale, assignment, and transfer to the Foundation, its successors and assigns, all my/our rights in the Invention, the Application, and all other patent applications and patents for the Invention which may be applied for or granted, including, all divisional, continuing, substitute, renewal, reissue, reexamination, counterpart, substitute, extension, and all other applications for letters patent which are or have been filed for the Invention in the United States, its territorial possessions, and all foreign countries and in all patents and extensions which may be granted for the Application.

I/We hereby authorize and request patent office officials in the United States and in all foreign countries to issue any patents that are granted for the Application to the Foundation as the assignee of my/our entire right, title, and interest in the patents.

I/We hereby assign to the Foundation, its successors and assigns, all of my/our rights to sue for and recover damages and profits with respect to past infringements or unauthorized uses of any patent that issues on the Application or unpaid royalties with respect to use of any rights in the Application that occurred before the execution of this Assignment.



I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters patent; execute all necessary papers; make all rightful oaths; and generally do everything possible to aid the Foundation, its successors and assigns, to obtain and enforce all rights with respect to the Application in the United States, its territorial possessions, and all foreign countries.

Signed:

Name:

Erich T. Wyckoff

Address:

10903 SW 20<sup>th</sup> Pl.  
Gainesville, FL 32607

Date:

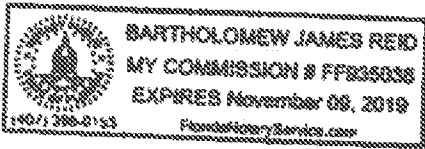
01/18/2018

State of Florida  
County of Alachua

On this 18<sup>th</sup> day of January, 2018, Erich T. Wyckoff personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

*Bartholomew J. Reid*  
Notary Public

My Commission Expires: FF 935036  
SEAL



I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters patent; execute all necessary papers; make all rightful oaths; and generally do everything possible to aid the Foundation, its successors and assigns, to obtain and enforce all rights with respect to the Application in the United States, its territorial possessions, and all foreign countries.

Signed: Christopher D. Batich  
Name: Christopher D. Batich  
Address: 3733 NW 40<sup>th</sup> St.  
Gainesville, FL 32606

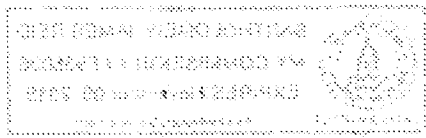
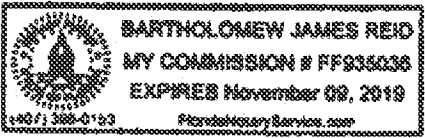
Date: 1/22/2018

State of Florida  
County of Alachua

On this 22<sup>nd</sup> day of January, 2018, Christopher D. Batich personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

Bartholomew J. Reid  
Notary Public

My Commission Expires: Nov. 09, 2019  
SEAL



I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters patent; execute all necessary papers; make all rightful oaths; and generally do everything possible to aid the Foundation, its successors and assigns, to obtain and enforce all rights with respect to the Application in the United States, its territorial possessions, and all foreign countries.

Signed: [Signature]  
Name: Daniel J. Gibson  
Address: 6720 SW 83<sup>rd</sup>  
Gainesville, FL 32608

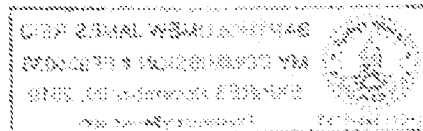
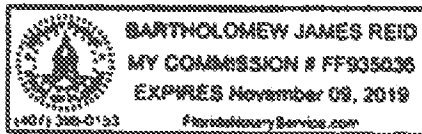
Date: 17 JAN 2018

State of Florida  
County of Alachua

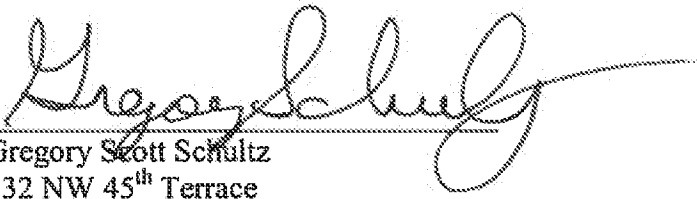
On this 17<sup>th</sup> day of JANUARY, 2018, Daniel J. Gibson personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

[Signature]  
Notary Public

My Commission Expires: 11/09/2019  
SEAL



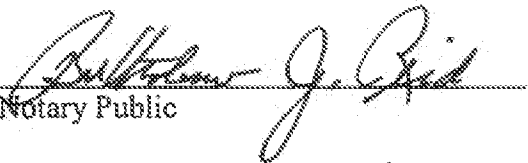
I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters patent; execute all necessary papers; make all rightful oaths; and generally do everything possible to aid the Foundation, its successors and assigns, to obtain and enforce all rights with respect to the Application in the United States, its territorial possessions, and all foreign countries.

Signed:   
Name: Gregory Scott Schultz  
Address: 832 NW 45<sup>th</sup> Terrace  
Gainesville, FL 32605

Date: 1-17-2018

State of Florida  
County of Alachua

On this 17<sup>th</sup> day of JANUARY, 2018, Gregory Scott Schultz personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

  
Notary Public

My Commission Expires: 11/09/2019  
SEAL

