504895757 05/02/2018

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	

CONVEYING PARTY DATA

Name	Execution Date
DAVID VANKAMPEN	03/26/2018

RECEIVING PARTY DATA

Name:	BISSELL HOMECARE, INC.	
Street Address:	45 OTTAWA AVE., SW	
Internal Address:	SUITE 700	
City:	GRAND RAPIDS	
State/Country:	MICHIGAN	
Postal Code:	49503	

PROPERTY NUMBERS Total: 1

Property Type	Number	
Application Number:	15705781	

CORRESPONDENCE DATA

Fax Number: (616)742-1010

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.

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Email: patents@mcgarrybair.com

Correspondent Name: MCGARRY BAIR PC
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Address Line 4: GRAND RAPIDS, MICHIGAN 49503

ATTORNEY DOCKET NUMBER:	71189-4452
NAME OF SUBMITTER:	SARA L. HAAS
SIGNATURE:	/Sara L. Haas/
DATE SIGNED:	05/02/2018

Total Attachments: 1

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PATENT REEL: 045693 FRAME: 0070

504895757

DECLARATION AND ASSIGNMENT FOR PATENT AND DESIGN APPLICATIONS						
TITLE OF INVENTION:	AUTONOMOUS VACUUM CLEA	NER				
As a below named inventor, I hereby declare that:						
This declaration is directed to	o:					
 the attached application or United States Application Number or PCT International Application Number 15/705,781 filed on 09/15/2017. 						
	tion was made or authorized to be made	-				
I believe that I am the origin	al inventor or an original joint invento	r of a claimed i	invention in the application.			
I acknowledge that any willf imprisonment of not more th	ul false statement made in this declara an five (5) years, or both.	tion is punishal	ble under 18 U.S.C. 1001 by fine or			
ASSIGNOR authorizes any member or representative of BISSELL Homecare , Inc. to insert or complete any information in this document needed to effect its recordal in the U.S. Patent and Trademark Office.						
In consideration of the sum of One Dollar (\$1.00), and other valuable and legally sufficient consideration, the receipt and adequacy of which I hereby acknowledge, I hereby sell, assign, and transfer unto BISSELL HOMECARE, INC., a corporation of the State of Michigan having its principal office and place of business in the City of Grand Rapids, County of Kent, State of Michigan, (hereinafter "Assignee"), its successors and assigns, my entire right, title, and interest in, to, and under the above identified application and the inventions disclosed therein; any Patents of the United States of America that may be obtained in respect thereof; any corresponding applications for Patent and Patents issuing therefor in all other areas of the world; and any reissues, extensions, substitutions, confirmations, divisions, and continuations of any of the foregoing (hereinafter "Invention Rights"), to have and to hold for the sole and exclusive use and benefit of Assignee, its successors and assigns forever.						
I hereby covenant and agree to assist and cooperate with Assignee in the preparation and prosecution of any applications included within the Invention Rights and in the prosecution or defense of any review, opposition, or other proceeding that may arise in connection with any applications or Patent included within the Invention Rights and further to execute and deliver to Assignee any and all additional papers that may be requested by Assignee for the purpose of implementing the terms of this Assignment.						
Given Name (first and middle [if any]) Family Name or Surna			or Surname			
David \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		VanKampen				
Inventor's Signature	Del Jack	Dated	3-26-18			
On this day of, 2018, personally appeared before me the above-named David VanKampen, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.						
Notary Public	County,					
My commission expires:						

An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form. Use an additional PTO/AIA/01 form for each additional inventor.

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RECORDED: 05/02/2018