

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT5035306

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
MARK TULLIO MORREALE	10/31/2016
WILLIAM WAI-LEUNG LAU	10/25/2016
DANIEL GAVIN HARRISON	10/31/2016
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	SYNAPTIVE MEDICAL (BARBADOS) INC.
<b>Street Address:</b>	CHANCERY HOUSE
<b>Internal Address:</b>	HIGH STREET
<b>City:</b>	BRIDGETOWN
<b>State/Country:</b>	BARBADOS
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	29654653
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(416)920-1350
<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>Email:</b>	docketing@pckip.com
<b>Correspondent Name:</b>	PERRY + CURRIER INC.
<b>Address Line 1:</b>	1300 YONGE STREET
<b>Address Line 2:</b>	SUITE 500
<b>Address Line 4:</b>	TORONTO, CANADA M4T 1X3
<b>ATTORNEY DOCKET NUMBER:</b>	D1347US01
<b>NAME OF SUBMITTER:</b>	KARINE SIVASAMBOO
<b>SIGNATURE:</b>	/KARINE SIVASAMBOO/
<b>DATE SIGNED:</b>	07/03/2018
<b>Total Attachments: 5</b>	
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## WORLDWIDE ASSIGNMENT

WE, **Mark Tullio MORREALE** (full postal address: 901-9 Shank Street, Toronto, Ontario, M6J 3W9 CANADA), **Daniel Gavin HARRISON** (full postal address: 46 Nasmith Avenue, Toronto, Ontario, M5A 3J3 CANADA), and **William Wai-Leung LAU** (full postal address: 267 St. George, Apt. 303, Toronto, Ontario M5R 2P9, CANADA) have invented, **MRI PATIENT TRANSPORTER**, for which the United States industrial design patent application was filed:

Filing Date: September 14, 2016

Serial No. 29/577556

and in consideration of Two Dollars (\$2.00) to each of us, paid in hand, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, WE by these presents confirm that WE have sold, transferred and assigned and do hereby sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.**, ("Assignee"), having offices at, Chancery House, High Street, Bridgetown, Barbados, its successors and assigns or nominees, all OUR rights, title and interest in all the countries of the world in and to OUR invention as fully described in the patent application, and WE sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.** all OUR rights to apply for patent on said invention and all OUR priority rights that derive from any such applications in all the countries of the world including any and all full utility applications, divisions, continuations, continuation-in-part, re-examinations, renewals, reissues and/or extensions thereof, any design applications originating therefrom, patent applications and all national phase applications and all OUR corresponding rights, title and interest in and to any patent which may issue therefor in all the countries of the world, to have and to hold for **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s own use and **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s successors and assigns as fully and entirely as the same might be held by us if this sale had not been made, and we each make this assignment independently of each other.

AND WE HEREBY authorize Assignee, its successors, assigns, or nominees, to invoke and claim for any applications for patent or other form or protection filed, the benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it, and to invoke and claim such right of priority without need for further written or oral authorization;

AND WE IRREVOCABLY CONSENT and agree that any and all applications for patent or other form of protection may be applied for in OUR names, the personal names of the inventors, without further consideration;

AND WE UNDERTAKE to sign such further documents to effect the aforesaid sale, assignment and transfer as may be required from time to time, without further consideration, but at the expense of SYNAPTIVE MEDICAL (BARBADOS) INC.

This assignment can be signed in counterparts.


SIGNED at Toronto, Ontario, CANADA, this 31 day of October, 2016.

  
\_\_\_\_\_  
Mark Tullio MORREALE

DECLARATION OF WITNESS

I, Thanh Vuong, full contact office address being 555 Richmond St. W., 8th Floor, Toronto, Ontario, M5V 3B1, CANADA, hereby declare that I was personally present and did see Mark Tullio MORREALE who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 31 day of October, 2016.

  
\_\_\_\_\_  
Thanh Vuong

**ACCEPTANCE**

The Assignee accepts this assignment.

Signed at Toronto, Ontario, CANADA, this 31 day of October, 2016.

**SYNAPTIVE MEDICAL (BARBADOS) INC.**

Signature:  \_\_\_\_\_

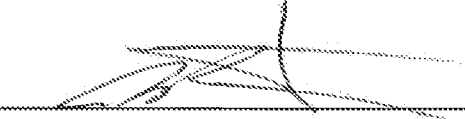
Name: Cameron Anthony Piron

Title: Director and President, Synaptive Medical (Barbados) Inc.

**DECLARATION OF WITNESS**

I, **Thanh Vuong**, full contact office address being 555 Richmond St. W., 8th Floor, Toronto, Ontario, M5V 3B1, CANADA, hereby declare that I was personally present and did see **Cameron Anthony PIRON** who is personally known to me to be the person named above duly sign and execute the above on behalf of **SYNAPTIVE MEDICAL (BARBADOS) INC.**

DECLARED at Toronto, Ontario, CANADA, this 31 day of October, 2016.

  
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**Thanh Vuong**

SIGNED at Toronto, Ontario, CANADA, this 25 day of October, 2016.

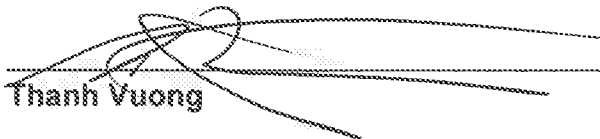


William Wai-Leung LAU

**DECLARATION OF WITNESS**


I, **Thanh Vuong**, full contact office address being 555 Richmond St. W., 8th Floor, Toronto, Ontario, M5V 3B1, CANADA, hereby declare that I was personally present and did see **William Wai-Leung LAU** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 25 day of October, 2016.



Thanh Vuong

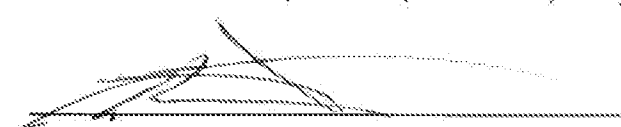
SIGNED at Toronto, Ontario, CANADA, this 31 day of October, 2016.

  
Daniel Gavin HARRISON

**DECLARATION OF WITNESS**

I, Thanh Vuong, full contact office address being 555 Richmond St. W., 8th Floor, Toronto, Ontario, M5V 3B1, CANADA, hereby declare that I was personally present and did see Daniel Gavin HARRISON who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 31 day of October, 2016.

  
Thanh Vuong