PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

EPAS ID: PAT5080744

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
TED MILLER	07/25/2018
ERIC CRABTREE	07/26/2018
MATTHEW SCHUMAKER	07/25/2018
BOBBY MASON	07/25/2018

RECEIVING PARTY DATA

Name:	TEAM TECHNOLOGIES, INC.
Street Address:	5949 COMMERCE BLVD.
City:	MORRISTOWN
State/Country:	TENNESSEE
Postal Code:	37814

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	16053433

CORRESPONDENCE DATA

Fax Number: (865)523-4478

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.

Phone: 865-546-4305

Email: docketing@luedeka.com

LUEDEKA NEELY GROUP, P.C. **Correspondent Name:**

Address Line 1: P O BOX 1871

Address Line 4: KNOXVILLE, TENNESSEE 37901

ATTORNEY DOCKET NUMBER:	72696.US
NAME OF SUBMITTER:	MICHAEL J. BRADFORD
SIGNATURE:	/Michael J. Bradford/
DATE SIGNED:	08/02/2018
	This document serves as an Oath/Declaration (37 CFR 1.63).

Total Attachments: 5

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PATENT REEL: 046542 FRAME: 0903

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DECLARATION

As a below named inventor, I declare that this declaration is directed to the patent application entitled

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having application serial number , filed on (the Application). The 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. I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 USC §1001 by fine or imprisonment of not more than five years, or both. I grant authority to any receiving intellectual property office to provide access to the Application to any other intellectual property office in which an application claiming priority to the Application is filed.

POWER OF ATTORNEY

I appoint the practitioners associated with the customer number, firm, and practitioner named below as my attorney to prosecute this Application and any other applications based thereon and to transact all business in connection therewith, including to make and receive payments, and request that all correspondence be directed to the customer number or addresses below:

Customer number:

00408--> Luedeka Neely Group, P.C.

Law Firm:

Luedeka Neely Group, P.C.

Attn:

Michael J. Bradford

Mail:

PO Box 1871, Knoxville TN 37901 US

Email:

mbradford@luedeka.com

Attorney docket:

72696.US

I grant the above-referenced practitioners the power to insert on this document any further information that may be necessary or desirable to comply with the rules of any relevant governmental office for the recordation of this document.

	This docume	it 🖲 does	does	not include an	assignment
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ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I do hereby sell, assign, and transfer to:

Team Technologies, Inc. 5949 Commerce Boulevard, Morristown, TN 37814

and its successors, assigns, and legal representatives (collectively referred to as "Assignee"), the entire worldwide right, title and interest in and to any and all inventions that are disclosed in the Application, and in and to the Application and all applications that have been or shall be filed based thereon; and in and to all rights of priority resulting from the filing of such applications. The Assignee may apply for and receive Letters Patent in its own name.

I will carry out in good faith the intent and propose of this assignment; execute all patent applications based on this Application; execute all needed documents; communicate to the Assignee all facts known to me relating to the invention and the history thereof; do whatever is necessary to secure and maintain patent protection for the invention and vest title to the invention and all applications and patents thereon in the Assignee. I have not made any assignment or other encumbrance or agreement affecting the rights and property herein conveyed, and I possess the full right to convey such rights and property.

I hereby authorize the attorneys named herein to accept and follow the instructions of the Assignee as to any action to be taken regarding this Application without direct communication between the attorneys and myself. I hereby waive any right to revoke such power of attorney and appoint substitute attorneys, and grant all such powers to the Assignee.

SIGNATURE BLOCK FOR INVENTOR

Tel Miller		Witness address
Ted Miller	Witness signature	
7/25/2018		
Date	Witness name	
Inventor Residence:	479 Ridge Road, Sharps Cha	
Inventor Mailing Address:	479 Ridge Road, Sharps Cha	apel, TN 37866
Inventor Citizenshim	118	

12/11/	SIGNATURE BLOCK FOR INVENTOR		
	3	Witness address	
Eric Crabtree	Witness signature		
7-26-19 Date	Witness name		
Inventor Residence: Inventor Mailing Address:	215 Old Poplar Ridge Roa 215 Old Poplar Ridge Roa	ad, Talbott, TN 37877 ad, Talbott , TN 37 877	

Inventor Citizenship:

US

1703 Phagen Store Rd, Talbatt, TN 37877

Aure	SIGNATURE BLOCK FOR INVENTOR		
		Witness address	
Matthew Schumaker アノンケ / /8	Witness signature		
Date	Witness name		
Inventor Residence: Inventor Mailing Address: Inventor Citizenship:	8197 Welch Drive, Talbott, TN 8197 Welch Drive, Talbott, TN US		

SIGNATURE BLOCK FOR INVENTOR

AMMas		Witness address
Bobby Mason	Witness signature	
7/25/2018		
Date /	Witness name	

Inventor Residence: Inventor Mailing Address: Inventor Citizenship: 4530 Fish Hatchery Road, Morristown, TN 37814 4530 Fish Hatchery Road, Morristown, TN 37814 US

PATENT REEL: 046542 FRAME: 0909

RECORDED: 08/02/2018