

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5175508

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	TIMOTHY PHAM	04/06/2018
RECEIVING PARTY DATA		
Name:	UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.	
Street Address:	223 GRINTER HALL	
City:	GAINESVILLE	
State/Country:	FLORIDA	
Postal Code:	32611	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	15767479
CORRESPONDENCE DATA		
Fax Number:	(770)951-0933	
<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>		
Phone:	7709339500	
Email:	tina.schafer@thomashorstemeyer.com	
Correspondent Name:	RANDY R. SCHOEN	
Address Line 1:	3200 WINDY HILL ROAD	
Address Line 2:	SUITE 1600E	
Address Line 4:	ATLANTA, GEORGIA 30339	
ATTORNEY DOCKET NUMBER:	UF#-15878 (222109-1640)TP	
NAME OF SUBMITTER:	RANDY R. SCHOEN	
SIGNATURE:	/Randy Schoen/	
DATE SIGNED:	10/05/2018	
Total Attachments: 5		
source=222109-1640_Executed_Assignment__All_Inventors_#page1.tif		
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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 a claimed invention in the patent application for United States letters patent, entitled, **"POLISHING TECHNIQUE FOR FLEXIBLE TUBES,"** (the "Invention") that

☒ was signed by me/us on _____ (attached) and/or
☐ was filed on _____, Serial No. _____

(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: **Hitomi Greenslet**

Address: **6745 SW 88th Drive**
Gainesville, FL 32608

Date: _____

3/27/2018

State of Florida
County of Alachua

On this 27 day of March, 2018, **Hitomi Greenslet** 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.

Tina Bolton

Notary Public

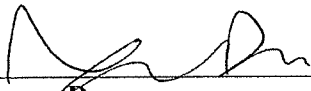
My Commission Expires:
SEAL

Date: 4-1-18



TINA BOLTON
MY COMMISSION # FF 108901
EXPIRES: April 1, 2018
Bonded Thru Budget Notary Services

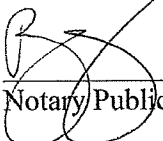
I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters 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: **Xueyu Du**
Address: **3432 Talbot Drive**
Troy, MI 48083

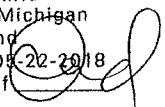
Date: 4/6/2018

State of Florida ^{MI}
County of Alachua ^{and}

On this 6 day of April, 2018, **Xueyu Du** 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: 5-22-18
SEAL


RANDY LOGAN HOPKINS
Notary Public, State of Michigan
County of Oakland
My Commission Expires 05-22-2018
Acting in the County of Oakland

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: **Valens Nteziyaremye**
Address: **6350 SW 172nd Avenue**
Beaverton, OR 97007

Date: 04/02/2018

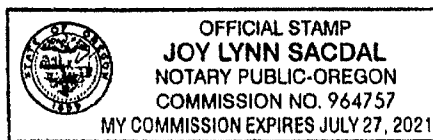
State of Florida
County of Alachua

On this 2nd day of April, 2018, **Valens Nteziyaremye** 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.

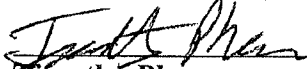
Joy Lynn Sacdal
Notary Public

My Commission Expires:
SEAL

July 27, 2021



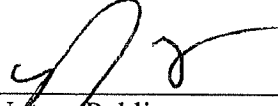
I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters 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: **Timothy Pham**
Address: **142 Rusty Gans Drive**
Panama City Beach, FL 32408

Date: 04/06/18

State of Florida
County of Alachua

On this 6th day of April, 2018, **Timothy Pham** 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: 06/06/2021
SEAL

