

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5225511

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	HANI KAYYALI	08/13/2008
RECEIVING PARTY DATA		
Name:	CLEVELAND MEDICAL DEVICES INC.	
Street Address:	4415 EUCLID AVE., SUITE 400	
City:	CLEVELAND	
State/Country:	OHIO	
Postal Code:	44103	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	15910068
CORRESPONDENCE DATA		
Fax Number:	(216)649-0347	
<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:	2166490376	
Email:	bkolkowski@clevemed.com	
Correspondent Name:	BRIAN KOLKOWSKI	
Address Line 1:	4415 EUCLID AVE. STE. 500	
Address Line 4:	CLEVELAND, OHIO 44103	
ATTORNEY DOCKET NUMBER:	CMD-103	
NAME OF SUBMITTER:	MARK PENNINGTON	
SIGNATURE:	/Mark Pennington/	
DATE SIGNED:	11/07/2018	
Total Attachments: 4		
source=CMD-103_2018-11-07_assignment#page1.tif		
source=CMD-103_2018-11-07_assignment#page2.tif		
source=CMD-103_2018-11-07_assignment#page3.tif		
source=CMD-103_2018-11-07_assignment#page4.tif		

RECORDATION FORM COVER SHEET
PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

Hani Kayyali

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 2008-08-13

☒ Assignment

☐ Merger

☐ Security Agreement

☐ Change of Name

☐ Joint Research Agreement

☐ Government Interest Assignment

☐ Executive Order 9424, Confirmatory License

☐ Other

2. Name and address of receiving party(ies)

Name: Cleveland Medical Devices Inc.

Internal Address:

Street Address: 4415 Euclid Ave., Suite 400

City: Cleveland

State: OH

Country: US Zip: 44103

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

☐ This document serves as an Oath/Declaration (37 CFR 1.63).

A. Patent Application No.(s)

B. Patent No.(s)

15/910,068

Additional numbers attached? ☐ Yes ☒ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Brian Kolkowski

Internal Address:

Street Address: 4415 Euclid Ave., Suite 500

City: Cleveland

State: OH Zip: 44103

Phone Number: (216) 649-0376

Docket Number: CMD-103

Email Address: bkolkowski@clevemed.com

6. Total number of applications and patents involved: ¹

7. Total fee (37 CFR 1.21(h) & 3.41) \$0.00

☐ Authorized to be charged to deposit account

☐ Enclosed

☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number

Authorized User Name

9. Signature:

2018-11-07

Signature

Date

Brian Kolkowski

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

4

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

Docket No.
CMD-060

☒ *United States of America rights, title and interest in the invention*
☒ *Foreign rights, title and interest in the invention*
☐ *United States Patent Application Serial No.*

Date of Filing:

- ☐ *United States Provisional Patent Application Serial No.* _____
- ☐ *United States Patent No(s).* _____
- ☐ *International (PCT) Patent Application Serial No.* _____
- ☐ *Other (specify)* _____

MEDICAL DEVICE AND METHOD WITH IMPROVED BIOMETRIC VERIFICATION

[illegible]

<i>Name</i>	<i>Address</i>
Cleveland Medical Devices Inc.	4415 Euclid Avenue, Suite 400 Cleveland, Ohio 44103

Docket No.
CMD-060

Assignment of Rights, Title and Interest in Invention
(Multiple inventors; single assignee)


Docket No.
CMD-060

Notarization

(Although notarization is not necessary, it will be considered prima facie evidence of execution pursuant to 35 U.S.C. 261.)

Executed this 13 day of August, in the year 2008

at


(Signature of Inventor)

State of OH

County of Cuyahoga

Before me personally appeared Hani Kayyali
who acknowledged the foregoing instrument to be a free act and deed and also represented that he or she is authorized to
execute the same this 13 day of Aug, in the year 2008

BRIAN M. KOLKOWSKI, ATTORNEY
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION HAS NO EXPIRATION DATE


(Notary Public)

Executed this day of, in the year

at

(Signature of Inventor)

State of OH

County of Cuyahoga

Before me personally appeared
who acknowledged the foregoing instrument to be a free act and deed and also represented that he or she is authorized to
execute the same this day of, in the year

(Notary Public)

Executed this day of, in the year

at

(Signature of Inventor)

State of OH

County of Cuyahoga

Before me personally appeared
who acknowledged the foregoing instrument to be a free act and deed and also represented that he or she is authorized to
execute the same this day of, in the year

(Notary Public)

PATENT