

## PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT5302099


<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
JOSEPH A. ENGEL	12/12/2018
SCOTT GERBER	12/13/2018
ALEXANDRE M. REIS	12/11/2018
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	DELPHI TECHNOLOGIES IP LIMITED
<b>Street Address:</b>	ERIN COURT, BISHOP'S COURT HILL
<b>City:</b>	ST. MICHAEL
<b>State/Country:</b>	BARBADOS
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	16234764
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	
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<b>Email:</b>	us.patent@delphi.com
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<b>ATTORNEY DOCKET NUMBER:</b>	DP-324765
<b>NAME OF SUBMITTER:</b>	MARY AIELLO
<b>SIGNATURE:</b>	/Mary Aiello/
<b>DATE SIGNED:</b>	12/28/2018
<b>Total Attachments: 2</b>	
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**ASSIGNMENT**

Pursuant to an agreement with my employer, I formally assign to DELPHI TECHNOLOGIES IP LIMITED, the entire right, title and interest, in all countries, in the improvements set forth in the United States patent application **DP-324765** entitled

**ELECTRICAL VEHICLE SYSTEM TO DISCHARGE CAPACITORS**

for which I executed a declaration dated as indicated below. If the patent application has been filed, I authorize the Approved IP Manager, Delphi Technologies IP Limited, or his designate, to insert the application number and filing date of said application here in parentheses (16/234,764 filed December 28, 2018) when known.

Inventor's signature 

DATE: 12/12/18

FULL NAME: Joseph A. Engel

Declaration Dated:

Residence: Differdange, LU

Inventor's signature \_\_\_\_\_

DATE: \_\_\_\_\_

FULL NAME: Scott Gerber

Declaration Dated:

Residence: Kokomo, IN

Inventor's signature 

DATE: 12/11/2018

FULL NAME: Alexandre M. Reis

Declaration Dated:

Residence: Kokomo, IN

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Inventor's signature \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: Joseph A. Engel Declaration Dated:

Residence: Differdange, LU \_\_\_\_\_

Inventor's signature Scott Gerber DATE: 12/13/18

FULL NAME: Scott Gerber Declaration Dated:

Residence: Kokomo, IN \_\_\_\_\_

Inventor's signature \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: Alexandre M. Reis Declaration Dated:

Residence: Kokomo, IN \_\_\_\_\_