505395458 03/27/2019

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5442252

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
JOEL A. WILLHITE	03/26/2019
AHMAD ALSAFFAR	03/26/2019
KEVIN C. EDWARDS	03/26/2019

RECEIVING PARTY DATA

Name:	GYRUS ACMI, INC. D/B/A OLYMPUS SURGICAL TECHNOLOGIES AMERICA
Street Address:	136 TURNPIKE ROAD
City:	SOUTHBOROUGH
State/Country:	MASSACHUSETTS
Postal Code:	01772

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	16365735

CORRESPONDENCE DATA

Fax Number: (508)804-2624

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: 5088042708

Email: lisa.mazzone@olympus.com

Correspondent Name: GYRUS ACMI, INC. D/B/A OLYMPUS SURGICAL TECHNOLOGI

Address Line 1: 136 TURNPIKE ROAD

Address Line 4: SOUTHBOROUGH, MASSACHUSETTS 01772

ATTORNEY DOCKET NUMBER:	G0594 US1
NAME OF SUBMITTER:	YI CHEN
SIGNATURE:	/Yi Chen/
DATE SIGNED:	03/27/2019

Total Attachments: 3

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PATENT 505395458 REEL: 048707 FRAME: 0946

COMBINED DECLARATION & ASSIGNMENT

Title of Invention: MEDICAL DEVICE			
As the below named inventor, I he	ereby declare that:		
This declaration is directed to:			
■ The attached application, or The United States Application	n Number or PCT International A	Application Number	filed on
The above-identified application was made	or authorized to be made by m	е.	
I believe that I am an original inventor or ar	original joint inventor of a clain	ned invention in the app	lication.
I hereby acknowledge that any willful false s of not more than five (5) years, or both.			
ASSIGNMENT OF INVENTION: In consider receipt of which is hereby acknowledged, a	eration of the payment by ASSI and for other good and valuable	GNEE to ASSIGNORS consideration,	of the sum of One Dollar (\$1.00), the
ASSIGNOR: hereby sell, assign and tra	ansfer to ASSI	GNEE:	
Ahmad Alsaffar 4351 High Plains Road Bartlett, TN 38135	Olym 136 T	JS ACMI, INC., d/b/a pus Surgical Technolog urnpike Road aborough, MA 01772	ies America
Nationality: US		or Country of Formation	o. 110
division, renewal, or substitute thereof, and for past damages. ASSIGNOR hereby coventered into which would conflict with this a promptly with all pertinent facts and docun ASSIGNOR and will testify as to the same deliver to ASSIGNEE or its legal representa and enforce said United States application, purposes thereof.	venant that no assignment, sale assignment. ASSIGNOR further nents relating to said invention in any interference, litigation tives any and all papers, instrun	e, agreement or encum covenant that ASSIGN and said Letters Patent or proceeding related the nents or affidavits requin	nbrance has been or will be made on EE will, upon its request, be provided as may be known and accessible to the nereto and will promptly execute and ed to apply for, obtain, maintain, issue
Inventor's Signature:	F	esidence:	Bartlett, TN
Ahmad Alsaffar		ost Office Address:	4351 High Plains Road Bartlett, TN 38135
	2,201		
Citizenship: US			
Joel A. Willh	WITNESS AFFIDAVIT OF EXI		
Whose full post office address is:	7 E. Rolling Oa.	ks Dr. Men	phis TN 38119
Make oath and say that I was personally proto be the inventor named in the attached as Signed at:	1 Mountables AM	Alsaffar who is the same for the purpo	s personally known or identified to me oses therein stated. $\mathcal{TN}_{,}$
On this 26th day of March	, 20/9	willet	/

PATENT REEL: 048707 FRAME: 0947

COMBINED DECLARATION & ASSIGNMENT

Fitle of Invention: MEDICAL DEVICE		
As the below named inventor, I hereby declare that:		
This declaration is directed to:		
■ The attached application, or□ The United States Application Number or PCT Intern	ational Application Number	filed on
The above-identified application was made or authorized to be ma	de by me.	
believe that I am an original inventor or an original joint inventor of	of a claimed invention in the app	lication.
hereby acknowledge that any willful false statement made in this dof not more than five (5) years, or both. ASSIGNMENT OF INVENTION: In consideration of the payment	•	
eceipt of which is hereby acknowledged, and for other good and v		or the sum of one bollar (\$1.00), the
ASSIGNOR: hereby sell, assign and transfer to	ASSIGNEE:	
Joel A. Willhite 1367 East Rolling Oaks Drive Memphis, TN 38119	GYRUS ACMI, INC., d/b/a Olympus Surgical Technolog 136 Turnpike Road Southborough, MA 01772	ies America
Nationality: US	State or Country of Formation	n: US
and, in and to, all Letters Patent to be obtained for said invention be in-part, division, renewal, or substitute thereof, and as to letters pate to sue for past damages. ASSIGNOR hereby covenant that no assor entered into which would conflict with this assignment. ASSIGNOR promptly with all pertinent facts and documents relating to said in ASSIGNOR and will testify as to the same in any interference, lifeliver to ASSIGNEE or its legal representatives any and all papers and enforce said United States application, said invention and said purposes thereof.	tent any reissue or re-examination signment, sale, agreement or en DR further covenant that ASSIGN evention and said Letters Patent tigation or proceeding related the s, instruments or affidavits requires	on thereof, including any and all rights acumbrance has been or will be made NEE will, upon its request, be provided as may be known and accessible to nereto and will promptly execute and ed to apply for, obtain, maintain, issue
Inventor's Signature: Wella. Willlut	Residence:	Memphis, TN
Joel A. Willhite MAR 26 , 2019	Post Office Address:	1367 East Rolling Oaks Drive Memphis, TN 38119
Citizenship: US		
SUBSCRIBING WITNESS AFFIDAVIT	OF EVECUTION OF AN ACC	CAIMENT
1, Ahmad Alsa Ffar	OF EXECUTION OF AN ASSI	GNMENT
Whose full post office address is: 4351 High elsins R Street, City, Postal Code, C	d, Bartlett TN 3	E135
Make oath and say that I was personally present and did see	oel A. willhite who is dexecute the same for the purpos of America Bartle	is personally known or identified to me oses therein stated. $F^+ \perp \mathcal{N}$
On this <u>26</u> day of <u>March</u> , 20 19	Mh	
Subscribing V	Witness	

PATENT REEL: 048707 FRAME: 0948

COMBINED DECLARATION & ASSIGNMENT

Title of Inve	ention: MEDICAL DEVICE		
As	the below named inventor, I hereby declare that:		
This declar	ration is directed to:		
**	The attached application, or The United States Application Number or PCT Interna	itional Application Number	filed on
The above-io	dentified application was made or authorized to be mad	e by me.	
I believe that	t I am an original inventor or an original joint inventor of	a claimed invention in the app	lication.
of not more t	nowledge that any willful false statement made in this de than five (5) years, or both.		·
receipt of wh	NT OF INVENTION: In consideration of the payment b nich is hereby acknowledged, and for other good and va	y ASSIGNEE to ASSIGNORS aluable consideration,	of the sum of One Dollar (\$1.00), th
ASSIGNOR	R: hereby sell, assign and transfer to	ASSIGNEE:	
	lwards y Bend East ch, MS 38654	GYRUS ACMI, INC., d/b/a Olympus Surgical Technolog 136 Turnpike Road Southborough, MA 01772	ies America
Nationality:	US	State or Country of Formation	n· US
to sue for pa or entered int promptly with ASSIGNOR deliver to AS	ion, renewal, or substitute thereof, and as to letters pate ast damages. ASSIGNOR hereby covenant that no assist owhich would conflict with this assignment. ASSIGNOF in all pertinent facts and documents relating to said invalid will testify as to the same in any interference, little SIGNEE or its legal representatives any and all papers, said United States application, said invention and said ereof.	gnment, sale, agreement or er R further covenant that ASSIGN ention and said Letters Patent gation or proceeding related the instruments or affidavits requir	ncumbrance has been or will be made NEE will, upon its request, be provided as may be known and accessible to the nereto and will promptly execute and the apply for, obtain, maintain, issue
Inventor's Signature:	Keyin C. Edwards	Residence:	Olive Branch, MS
Date:	Kevin C Edwards Mar 26, 2019	Post Office Address:	4248 Lundy Bend East Olive Branch, MS 38654
Citizenship	p: US		
	SUBSCRIBING WITNESS AFFIDAVIT	OF EXECUTION OF AN ASSI	GNMENT
	ARREN STRATION		
Whose full po	ost office address is: <u>ZZ5 W MLNEI</u> Street, City, Postal Code, Co	L ST MEMPHIS	TN 3811Z
to be the inve	nd say that I was personally present and did see <u>ICEL</u> entor named in the attached assignment, duly sign and at: <u>DLYMOVS - BARTLETT</u> , TW	NN EDWARDS who is execute the same for the purp	s personally known or identified to me oses therein stated.
	26 day of MARCH, 20/9		
	Subscribing W	itness	

PATENT REEL: 048707 FRAME: 0949

RECORDED: 03/27/2019