PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5535897

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	

CONVEYING PARTY DATA

Name	Execution Date
LAURA M. GUSTAVSON	05/05/2019
PAMELA F. BRESKE	05/08/2019

RECEIVING PARTY DATA

Name:	KESTRA MEDICAL TECHNOLOGIES, INC.		
Street Address:	3933 LAKE WASHINGTON BLVD. NE		
Internal Address:	STE. 200		
City:	KIRKLAND		
State/Country:	WASHINGTON		
Postal Code:	98033		

PROPERTY NUMBERS Total: 2

Property Type	Number	
Application Number:	16394618	
Application Number:	62662717	

CORRESPONDENCE DATA

Fax Number: (303)648-4342

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: 303-495-3700

Email: docketing@slgip.com

Correspondent Name: SPECTRUM IP LAW GROUP LLC **Address Line 1:** 558 CASTLE PINES PARKWAY

Address Line 2: B4-362

Address Line 4: CASTLE PINES, COLORADO 80108

ATTORNEY DOCKET NUMBER:	C3600-USU2	
NAME OF SUBMITTER:	STEPHANIE PAGE	
SIGNATURE: /Stephanie Page/		
DATE SIGNED:	05/22/2019	
This document serves as an Oath/Declaration (37 CFR 1.63).		

Total Attachments: 2

PATENT REEL: 049256 FRAME: 0292

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PATENT REEL: 049256 FRAME: 0293

COMBINED DECLARATION & ASSIGNMENT (37 CFR §1.63) FOR PATENT APPLICATION TO BE FILED USING AN APPLICATION DATA SHEET (37 CFR §1.76)

Title of Application: WEARABLE CARDIOVERTER DEFIBRILLATOR WITH NON-INVASIVE BLOOD PRESSURE MONITOR

As a below named Inventor & Assignor, I hereby declare that:

This document is directed to:

the attached patent application;
US Pat. App. No. 16/394,618, filed April 25, 2019;
US Prov. Pat. App. No. 62/662,717 filed April 25, 2018

I believe I am an original joint inventor, of a claimed invention in the patent applications,

I hereby state that the application was made or was authorized to be made by me, and that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment of not more than five (5) years, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

For good and valuable consideration, the receipt of which I hereby acknowledge, I hereby further acknowledge and confirm that I have sold, assigned, and transferred pursuant to my employment agreement with ASSIGNEE at the time of the invention and/or establish by these presents that I do hereby sell, assign, and transfer, unto ASSIGNEE, its successors, legal representatives, and assigns, the entire right, title, and interest to:

ASSIGNEE: Kestra Medical Technologies, Inc.

Address: 3933 Lake Washington Blvd. NE, Ste. 200

Kirkland, WA 98033, USA

the full and exclusive right, title and interest in and to the above-identified invention and subject matter disclosed in the attached application, related priority applications & right to claim priority to the same, patent application and patent rights throughout the world, including the right to act

DECLARATION & ASSIGNMENT

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as the Applicant without me for prosecuting such rights; said invention, application and letters patent in this or any foreign country, and all divisions, continuations, reissues, non-provisionals and extensions thereof, to be held and enjoyed by Assignee, for its own use and benefit, and for its successors and assigns to the full end of the term for which letters patent may be granted in this or any foreign country, and any and all claims for any infringement thereof, as fully and entirely as the same would have been held by me had this assignment and sale not been made, and I covenant that I have full right so to do, and agree that I will communicate to Assignee, or its successors and assigns, any facts known to me respecting said invention, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing, non-provisional and reissue applications, make all rightful oaths, and do everything possible to aid Assignee, its successors and assigns to obtain and enforce proper patent protection for said invention in this or any foreign country. I have not executed and will not execute any agreement or other instrument in conflict with this.

In the event that the patent application filing date and/or serial number becomes known after this document is executed. I hereby authorize, request & grant permission to the attorneys of record in the patent application to insert above any identifying information including but not limited to checking "the attached application", and entering the filing date and/or application number after such information becomes known, and to record this document after such information is added.

Signature /	Xaux	\\\\\\	
Legal name	of Inventor &	ccionar Lour	a M Guetavean

Residence (City and State):

Post Office Address:

3933 Lake Washington Blvd. NE, Ste. 200

Kirkland, WA 98033, USA

Signature

Legal name of Inventor & Assignor: Pamela F. Breske

5/8/19

Residence (City and State): Newcastle, WA

(Date)

Post Office Address:

3933 Lake Washington Blvd. NE, Ste. 200

Kirkland, WA 98033, USA

DECLARATION & ASSIGNMENT

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