

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
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EPAS ID: PAT5544390

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	KATIE MARIE JENS	05/29/2019
RECEIVING PARTY DATA		
Name:	API HEALTHCARE CORPORATION	
Street Address:	925 FOURTH AVENUE, 6TH FLOOR	
City:	SEATTLE	
State/Country:	WASHINGTON	
Postal Code:	98104	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	29660316
CORRESPONDENCE DATA		
Fax Number:		
<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:	312581020	
Email:	cgeorge@hfzlaw.com	
Correspondent Name:	HANLEY FLIGHT & ZIMMERMAN LLC	
Address Line 1:	150 S. WACKER DR. SUITE 2200	
Address Line 4:	CHICAGO, ILLINOIS 60606	
ATTORNEY DOCKET NUMBER:	20377/316159-2	
NAME OF SUBMITTER:	CHRISTOPHER N. GEORGE	
SIGNATURE:	/Christopher N. George/	
DATE SIGNED:	05/29/2019	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 3		
source=316159-2Declaration_and_Assignment-signed KMJ#page1.tif		
source=316159-2Declaration_and_Assignment-signed KMJ#page2.tif		
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COMBINED DECLARATION AND GLOBAL ASSIGNMENT

FOR UTILITY OR DESIGN PATENT APPLICATION

As the below named inventor, I hereby declare that:

This declaration and assignment are directed to:

**DISPLAY SCREEN OR PORTION THEREOF WITH GRAPHICAL USER
INTERFACE**

- ☐ the specification of which is attached hereto OR
- ☒ United States application or PCT international application number 29/660,316
- filed on 08-20-2018, as
amended on [date] (if applicable).
(I hereby authorize and request the Company or its delegated attorneys or agents to insert
above the application number and filing date of the application when known.)

The above-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 USC § 1001 by fine or imprisonment of not more than five (5) years, or both.

I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application as defined in 37 CFR § 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the filing date of the continuation-in-part application.

In accordance with my obligation(s) under an Employee Innovation and Proprietary Information Agreement or (as applicable) arising out of other agreements (such as, but not limited to, the Services Agreement between API HEALTHCARE CORPORATION, a New York corporation, and my employer), and/or for other good and valuable consideration of which I acknowledge receipt, I,

Inventor First Name	Inventor Middle Name	Inventor Last Name		Residence Town	Residence State	Residence Country
Katie	Marie	Jens	of	Hartford	WI	US

hereby sell and assign to:

Name of Company: API HEALTHCARE CORPORATION
Entity Type (optional): Corporation
Address: 925 FOURTH AVENUE, 6TH FLOOR, SEATTLE, WASHINGTON, 98104

herein referred to as "Company", its successors and assigns my entire rights, titles and interests in and to the invention and improvements made or conceived by me described in the application(s) listed above and in the following table:

Country of Filing	Type of Filing	Application Number	Filing Date	Title
US	DESIGN	29/578,232	09/20/2016	DISPLAY SCREEN OR PORTION THEREOF WITH GRAPHICAL USER INTERFACE

(I hereby authorize and request the Company or its delegated attorneys or agents to insert above the application number and filing date of the application(s) when known.)

and any and all applications for patent and patents therefrom in any and all countries, including all divisions, continuations, continuations-in-part, reexaminations, renewals, and reissues thereof, and all rights of priority resulting from the filing of the application(s), and authorize and request any official whose duty it is to issue patents, to issue any patent on the inventions and improvements resulting therefrom to the Company, or its successors or assigns, and agree that on request and without further consideration, I will communicate to the Company or its representatives or nominees any facts known to me respecting the inventions and improvements and testify in any legal proceeding, make all rightful oaths, sign all lawful papers and execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent, utility model, or other similar rights in all countries including, but not limited to, any provisional, non-provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, for any derivation proceedings relating thereto, and, as to any patents that issue from such applications, for any supplemental examination, derivation proceeding, opposition, post grant review, reissue, re-examination, inter partes review, or extension thereof, and generally do everything possible to aid the Company, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

Remuneration claims of the inventor/assignor potentially arising from German Law on Employee Inventions, or any other respective country law, remain unaffected by this assignment.

INVENTOR

Signature: 
Katie Marie Jens

Date: 5-29-19

Witnessed by: 
Signature

Date: 29 May 2019

Greg Tibbe
Printed Name of Witness

Witnessed by: 
Signature

Date: 5/29/19

Ryan Beall
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

Katie Marie Jens Date: _____

STATE OF

ss.

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named **Katie Marie Jens**, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

(Notary Public)