505522877 06/13/2019

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
ROBERT J. GOLDMAN M.D.	06/05/2019

RECEIVING PARTY DATA

Name:	WOUND CARE AND REHAB MEDICINE LLC
Street Address:	756 SCHUSTER ROAD
City:	SUN PRAIRIE
State/Country:	WISCONSIN
Postal Code:	53590

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	16303162

CORRESPONDENCE DATA

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ATTORNEY DOCKET NUMBER:	G4466-00007
NAME OF SUBMITTER:	JARRAD M. GUNTHER
SIGNATURE:	/Jarrad M. Gunther/
DATE SIGNED:	06/13/2019

Total Attachments: 2

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PATENT 505522877 REEL: 049455 FRAME: 0832

ASSIGNMENT AND AGREEMENT

I, Robert J. Goldman, M.D. of 756 Schuster Road, Sun Prairie, Wisconsin 53590, hereby sell, assign, and transfer to WOUND CARE AND REHAB MEDICINE LLC, with its principal place of business located at 756 Schuster Road, Sun Prairie, Wisconsin 53590 ("ASSIGNEE"), and its successors, assigns, and legal representatives, the entire right, title, and interest, for the United States of America, in and to certain inventions described and shown in U.S. Patent Application S.N. 16/303,162, filed November 20, 2018, entitled "PRESSURE AND VACUUM SENSORS, SYSTEMS, AND ASSOCIATED METHODS", which is a U.S. national phase application of International Application No. PCT/US2017/034658, filed May 26, 2017, claiming priority to U.S. Provisional Patent Application S.N. 62/341,783, filed May 26, 2016, and any application for Letters Patent claiming priority thereto, and all the rights and privileges in said applications and under any and all Letters Patent and any divisions, continuations, continuations-in-part, reexamination certificates, reissues, and extensions thereof that may be granted in the United States for said inventions; and I also concurrently hereby sell, assign and transfer to ASSIGNEE, the entire right, title and interest in and to said inventions for all countries foreign to the United States, including all rights of priority arising from the application aforesaid, and all the rights and privileges under any and all forms of protection, including Letters Patent, that may be granted in said countries foreign to the United States for said inventions.

I authorize ASSIGNEE to make application for such protection in its own name and maintain such protection in any and all countries foreign to the United States, and to invoke and claim for any application for patent or other form of protection for said inventions, without further authorization from me, any and all benefits, including the right of priority provided by any and all treaties, conventions, or agreements.

I hereby consent that a copy of this assignment shall be deemed a full legal and formal equivalent of any document which may be required in any country in proof of the right of ASSIGNEE to apply for patent or other form of protection for said inventions and to claim the aforesaid benefit of the right of priority.

I request that any and all patents for said inventions be issued to ASSIGNEE in the United States and in all countries foreign to the United States, or to such nominees as ASSIGNEE may designate.

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PATENT

Attorney Docket No.: G4466-00007

I agree that, when requested, I shall, without charge to ASSIGNEE, but at its expense, sign all papers, and do all acts which may be necessary, desirable or convenient in connection with said applications, patents, or other forms of protection.

Inventor 1	
Dated: 6/5/19 Robert J. GOLDMAN, M.E.),
Witnessed by: Name of Witness:	
Signature of Witness	Date
AGREED TO BY Wound Care and Rehab Medicine LLC:	
Signature: Last C	
Name: ROBERT GOLDWAN MD	
Title: PREJADENT	
Date: 6/5/19	
Witnessed by: Name of Witness: <u>Rarbara Brewley-Goldman</u>	
Signature of Witness Barleare Brawly - Koldman	Date <u>6-6-20</u> 19

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RECORDED: 06/13/2019

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