

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT5583976

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
TIMOTHY J. WOJCIK	06/10/2019
JACOB M. FORNOF	06/06/2019
CRAIG F. HOFMANN	06/09/2019
MARTIN S. PESCE	06/09/2019
MARK E. SHAFER	06/14/2019
JEFFERY R. HAWVER	06/16/2019
STEVEN R. LIPPOLD	06/18/2019
TODD D. BOGUMIL	06/06/2019
RECEIVING PARTY DATA	
Name:	CARESTREAM HEALTH, INC.
Street Address:	150 VERONA STREET
City:	ROCHESTER
State/Country:	NEW YORK
Postal Code:	14608
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16361280
CORRESPONDENCE DATA	
Fax Number:	(585)627-8919
<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:	5856276377
Email:	patent@carestream.com
Correspondent Name:	CARESTREAM HEALTH INC.
Address Line 1:	150 VERONA STREET
Address Line 2:	C/O PATENT LEGAL STAFF
Address Line 4:	ROCHESTER, NEW YORK 14608
ATTORNEY DOCKET NUMBER:	100146C
NAME OF SUBMITTER:	MARIA LANGSCHWAGER
SIGNATURE:	/Maria Langschwager/

PATENT

DATE SIGNED:	06/21/2019
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Total Attachments: 7

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ASSIGNMENT

For good and valuable consideration received, including salary or payment for the making of inventions, or employee benefits, I/we do hereby assign to Carestream Health, Inc., a Delaware corporation having a principal place of business in Rochester, New York, its successors and assigns, the entire right, title and interest, including priority rights, in and to all of my/our inventions and improvements disclosed in an application for patent for

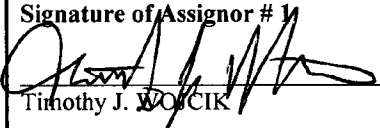
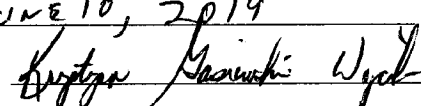
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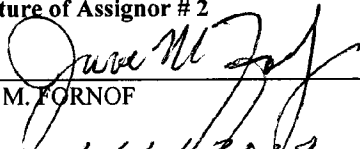
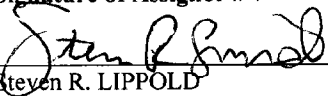
which is [check one]


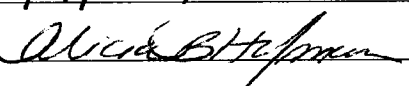
a non-provisional application for patent executed on the date(s) shown below by:
 a provisional application for patent by :

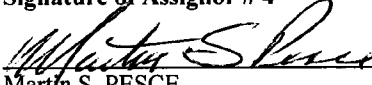
Assignor # 1: Timothy J. WOJCIK	Date 6/10/19
Assignor # 2: Jacob M. FORNOF	Date 6/6/19
Assignor # 3: Craig F. HOFMANN	Date 6/9/19
Assignor # 4: Martin S. PESCE	Date 6/9/19
Assignor # 5: Mark E. SHAFER	Date 6/14/19
Assignor # 6: Jeffery R. HAWVER	Date 6/16/19
Assignor # 7: Steven R. LIPPOLD	Date 6/18/19
Assignor # 8: Todd D. BOGUMIL	Date 6/6/19

and [check one] about to be filed already filed as USSN: 16/361,280 filed on 03/22/2019 in the United States Patent and Trademark Office, together with said application, and any corresponding or counterpart provisional or non-provisional application, and any divisional, continuation, substitute, reissue, re-examination application thereof, and any applications, including international applications, corresponding or being a counterpart thereto in whole or in part in the United States and all other countries. I/We do hereby acknowledge that I/we were subject to an obligation of assignment to Carestream Health, Inc. with respect to the entire right, title and interest in and to said inventions at the time the inventions were made. I/We also do hereby assign to Carestream Health, Inc. the entire right, title and interest in and to Letters Patent and similar protective rights granted on any of these applications, as well as the right to claim any applicable priority rights arising from any of these applications under the terms of any applicable conventions, treaties, statutes or regulations. I/We agree that any of these applications, at Carestream Health, Inc.'s sole discretion, may be filed and issued in the name of Carestream Health, Inc. or its designee. I/We agree to execute such documents which in the judgment of Carestream Health, Inc. may be necessary to obtain any such patents and similar protective rights and to maintain the title thereto in Carestream Health, Inc. or its designee. I/We further agree that, upon request, but without out-of-pocket expense to myself/ourselves, I/we shall furnish to Carestream Health, Inc. or its designee any data, information, exhibits, memoranda, or other evidence in my/our possession relating to any of said inventions or improvements and shall testify in any ex parte or inter partes legal or administrative proceedings relating thereto. I/We authorize and request issuance of all Letters Patent and similar protective rights that may be granted on any of these applications, to the extent that and in such manner as such issuance shall be requested by Carestream Health, Inc. or its designee. This document shall be governed, construed and interpreted in all respects in accordance with the laws of the State of New York, USA.

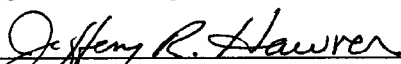

Signature of Assignor # 1  Timothy J. WOJCIK Date: JUNE 10, 2019 Witnessed: 	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 133 MELWOOD DRIVE ROCHESTER, NY 14626
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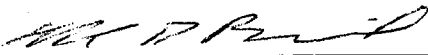
<p>Signature of Assignor # 2</p> <p> _____ Jacob M. FORNOF</p> <p>Date: <u>6/16/2019</u></p> <p>Witnessed: <u>Cindy Macturk</u></p>	<p>Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608</p> <p>_____</p> <p>_____</p>
<p>Signature of Assignor # 3</p> <p>_____ Craig F. HOFMANN</p> <p>Date: _____</p> <p>Witnessed: _____</p>	<p>Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608</p> <p>_____</p> <p>_____</p>
<p>Signature of Assignor # 4</p> <p>_____ Martin S. PESCE</p> <p>Date: _____</p> <p>Witnessed: _____</p>	<p>Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608</p> <p>_____</p> <p>_____</p>
<p>Signature of Assignor # 5</p> <p>_____ Mark E. SHAFER</p> <p>Date: _____</p> <p>Witnessed: _____</p>	<p>Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608</p> <p>_____</p> <p>_____</p>
<p>Signature of Assignor # 6</p> <p>_____ Jeffery R. HAWVER</p> <p>Date: _____</p> <p>Witnessed: _____</p>	<p>Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608</p> <p>_____</p> <p>_____</p>
<p>Signature of Assignor # 7</p> <p> _____ Steven R. LIPPOLD</p> <p>Date: <u>6-18-2019</u></p> <p>Witnessed: <u>Cindy Macturk</u></p>	<p>Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608</p> <p>_____</p> <p>_____</p>

Signature of Assignor # 2 _____ Jacob M. FORNOF Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 3  _____ Craig F. HOFMANN Date: <u>6/9/2019</u> Witnessed: 	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 <u>2152 Carter RD</u> <u>Fairport NY 14450</u>
Signature of Assignor # 4 _____ Martin S. PESCE Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 5 _____ Mark E. SHAFER Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 6 _____ Jeffery R. HAWVER Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 7 _____ Steven R. LIPPOLD Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____

Signature of Assignor # 2 _____ Jacob M. FORNOF Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 3 _____ Craig F. HOFMANN Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 4  Martin S. PESCE Date: <u>6/9/19</u> Witnessed: <u>Wendy S. Pesce</u>	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 <u>1458 Mayflower Dr.</u> <u>Quakertown PA 18951</u>
Signature of Assignor # 5 _____ Mark E. SHAFER Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 6 _____ Jeffery R. HAWVER Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 7 _____ Steven R. LIPPOLD Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____

Signature of Assignor # 2 _____ Jacob M. FORNOF Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 3 _____ Craig F. HOFMANN Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 4 _____ Martin S. PESCE Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 5 <i>Mark E. Shafer</i> Mark E. SHAFER Date: <i>14 JUNE 2019</i> Witnessed: <i>Holley Shafer</i>	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 <i>7 Foxpointe Circle</i> <i>Fairport, NY 14450</i>
Signature of Assignor # 6 _____ Jeffery R. HAWVER Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 7 _____ Steven R. LIPPOLD Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____

Signature of Assignor # 2 _____ Jacob M. FORNOF Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 3 _____ Craig F. HOFMANN Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 4 _____ Martin S. PESCE Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 5 _____ Mark E. SHAFER Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____
Signature of Assignor # 6  Jeffery R. HAWVER Date: <u>June 16, 2019</u> Witnessed: 	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 <u>4696 LINCOLN RD</u> <u>Macedon NY. 14502</u>
Signature of Assignor # 7 _____ Steven R. LIPPOLD Date: _____ Witnessed: _____	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 _____ _____

<p>Signature of Assignor # 8</p> <p></p> <p>Todd D. BOGUMIL</p> <p>Date: <u>6/6/2019</u></p> <p>Witnessed: <u>Cindy MACTUSK</u></p>	<p>Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608</p> <p>_____</p> <p>_____</p> <p>_____</p>
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