

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT5610905

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
HENRY E. HOLSTEN	11/08/2016
ADAM I. LEHMAN	01/11/2017
KATHRYN L. SPENCER	01/04/2017
RECEIVING PARTY DATA	
Name:	Covidien LP
Street Address:	15 Hampshire Street
City:	Mansfield
State/Country:	MASSACHUSETTS
Postal Code:	02048
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16507246
CORRESPONDENCE DATA	
Fax Number:	(203)492-5785
<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:	203-492-5000
Email:	rs.patents.two@medtronic.com
Correspondent Name:	COVIDIEN LP
Address Line 1:	60 MIDDLETOWN AVENUE
Address Line 2:	MAILSTOP 54, LEGAL DEPT.
Address Line 4:	NORTH HAVEN, CONNECTICUT 06473
ATTORNEY DOCKET NUMBER:	356481US01CON(203-10949CO
NAME OF SUBMITTER:	MARIANNE TIMM-SCHREIBER
SIGNATURE:	/Marianne TIMM-SCHREIBER, Reg. #58085/
DATE SIGNED:	07/10/2019
Total Attachments: 5	
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For: U.S. and/or Foreign Rights
For: U.S. Application or U.S. Patent
By : Inventor or Present Owner

ASSIGNMENT OF INVENTION

In consideration of the payment by ASSIGNEE to ASSIGNORS of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,

**ASSIGNORS: Henry E. Holsten
Adam I. Lehman
Kathryn L. Spencer**

(If assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO add the following)

Recorded on: _____
Reel _____
Frame _____

hereby sells, assigns and transfers to

ASSIGNEE:

Covidien LP
15 Hampshire Street
Mansfield, MA 02048
US

and the successors, assigns and legal representatives of the ASSIGNEE

the entire right, title and interest

an undivided _____ percent (_____%) interest for the United States and its territorial possessions

and in all foreign countries, including all rights to claim priority, the right to sue for present, past and future infringement, in the United States, its territorial possessions, and in all foreign countries, including all treaty and convention rights in and to the invention and any and all improvements entitled:

ENDOSCOPIC REPOSABLE SURGICAL CLIP APPLIER

and which is found in

- (a) U.S. application Serial No. 15/341,292 filed on November 2, 2016.
- (b) U.S. provisional application No. 62/253,162 filed on November 10, 2015.
- (c) U.S. Patent No. _____ issued _____.
- (d) PCT application No. _____ filed on _____.
- A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.
- (e) and any legal equivalent thereof in a foreign country, including the right to claim priority and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, continuation-in-part, divisional, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof.

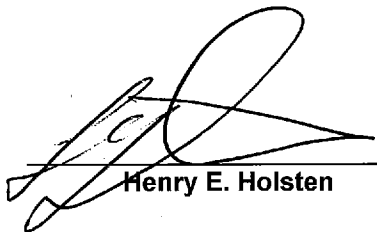
ASSIGNORS hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment;

ASSIGNORS hereby authorize and request the Commissioner of Patents and Trademarks to issue all such Letters Patent to ASSIGNEE:

ASSIGNORS further covenant to promptly provide all pertinent facts and documents known and accessible to ASSIGNORS relating to said invention and said Letters Patent and legal equivalents; to testify as to the same in any interference, litigation or proceeding related thereto; to execute and deliver any and all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patents which may be granted therefore in said ASSIGNEE, its successors, assigns or other legal representatives; to execute any additional or divisional applications for patents for said invention, or any part or parts thereof, and for the reissue of any Letters Patents to be granted therefore; and to make all rightful oaths and do all lawful acts requisite for procuring the same or for aiding therein, all without further compensation, but at the sole expense of ASSIGNEE, its successors, assigns, or other legal representatives.

ASSIGNORS hereby grant ASSIGNEE and Assignee's attorneys the power to insert the Serial No. and/or filing date of the above-described application(s) after such information becomes known to them.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal.



Henry E. Holsten

11/8/16

(Dated)

State of Connecticut)
) ss
County of New Haven)

Before me this 8 day of November 2016,

personally appeared **Henry E. Holsten** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.



Notary Public

AFFIX SEAL

MICHELE LYNN CIANCOLA
NOTARY PUBLIC
State of Connecticut
My Commission Expires
August 31, 2020

Adam I. Lehman
Adam I. Lehman

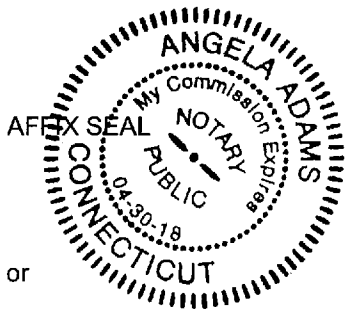
1/11/17
(Dated)

State of Connecticut)
County of New Haven) ss

Before me this 11 day of January 2017,

personally appeared **Adam I. Lehman** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

[Signature]
Notary Public



Witnessed by: LIMAN SULEMAN
(Print Name)

[Signature]
(Signature of Witness)

01/11/17
(Date)

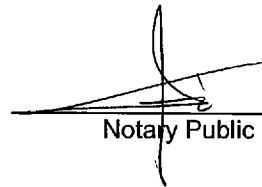
Kathryn L. Spencer
Kathryn L. Spencer

1/4/17
(Dated)

State of Connecticut)
) ss
County of)

Before me this 4th day of JANUARY 2017,

personally appeared **Kathryn L. Spencer** to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.



Notary Public

AFFIX SEAL *see attachment*

or

Witnessed by: _____
(Print Name)

(Signature of Witness)

(Date)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

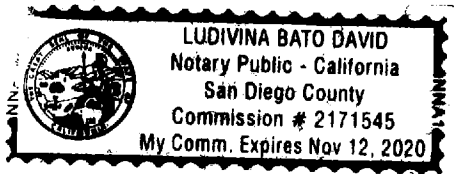
State of California)
County of SAN DIEGO)

On JANUARY 4, 2017 before me, LUDIVINA BATO DAVID,
Date Here Insert Name and Title of the Officer
personally appeared KATHRYN LORNA SPENCEIZ
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Assignment of Inventia
Document Date: No Date Number of Pages: 4
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: KATHRYN LORNA SPENCEIZ
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____