

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
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EPAS ID: PAT5642553

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
JOHN VOLKAR	05/16/2017
COREY KEMPER	05/01/2017
RICHARD DOTSON	05/03/2017
BERNARD HOBI	05/16/2017
MATTHEW MOSES	05/01/2017
JOHN HAURY	03/21/2017
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	BAYER HEALTHCARE LLC
<b>Street Address:</b>	100 BAYER BOULEVARD
<b>City:</b>	WHIPPANY
<b>State/Country:</b>	NEW JERSEY
<b>Postal Code:</b>	07981
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	16481916
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	
<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>	
<b>Phone:</b>	4124064570
<b>Email:</b>	uspoccs@bayer.com
<b>Correspondent Name:</b>	BAYER HEALTHCARE LLC - RADIOLOGY
<b>Address Line 1:</b>	1 BAYER DRIVE
<b>Address Line 4:</b>	INDIANOLA, PENNSYLVANIA 15051
<b>ATTORNEY DOCKET NUMBER:</b>	BHC179001PCTUS
<b>NAME OF SUBMITTER:</b>	DAWN DEDOLA
<b>SIGNATURE:</b>	/Dawn Dedola/
<b>DATE SIGNED:</b>	07/30/2019
<b>Total Attachments: 5</b>	

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## ASSIGNMENT

WHEREAS, We, **John Volkar**, a citizen and resident of the United States of America, whose post office address is 211 Huch Road, Valencia, PA 16059; **Corey Kemper**, a citizen and resident of the United States of America, whose post office address is 5850 Centre Ave #509, Pittsburgh, PA 15206; **Richard Dotson**, a citizen and resident of the United States of America, whose post office address is 1662 Relative Drive, Verona, PA 15147; **Bernard Hobi**, a citizen and resident of the United States of America, whose post office address is 611 Dove Drive, Apollo, PA 15613; **Matthew Moses**, a citizen and resident of the United States of America, whose post office address is 1519 Merion Lane, Oakmont, PA 15139; **John Haury**, a citizen and resident of the United States of America, whose post office address is 2514 Nicholson Road, Sewickley, PA 15143; (hereinafter collectively referred to as ASSIGNOR), have invented within the United States and own a certain invention entitled

### **Acoustic Frequency Recognition of Patient Lines**

which is described in an application for Letters Patent of the United States of America filed on February 1, 2017, and assigned application Serial No. 62/453,130;

WHEREAS, Bayer HealthCare LLC., a corporation organized and existing under the laws of the State of Delaware and having a place of business at 100 Bayer Boulevard, Whippany, NJ 07981 (hereinafter referred to as ASSIGNEE), is desirous of acquiring the entire interest in, to and under said invention and in, to and under Letters Patent or similar legal protection to be obtained therefor in the United States and in any and all foreign countries; and

WHEREAS, ASSIGNOR acknowledges a prior obligation to assign any and all inventions in this field to ASSIGNEE.

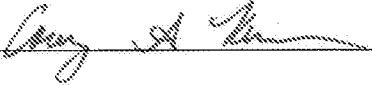
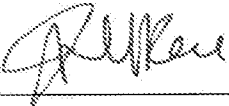
NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN, be it known that in exchange for good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR hereby sells, assigns and transfers to ASSIGNEE the full and exclusive right, title and interest to said invention in the United States and its territorial possessions and in all foreign countries, said application for Letters Patent, and any and all issued Letters Patent or similar legal protection in the United States and its territorial possessions and in any and all foreign countries to be obtained for said invention by said application or any continuation, divisional, renewal, substitute or reissue thereof or any legal equivalent thereof in a foreign country for the full term or terms for which the same may be granted.

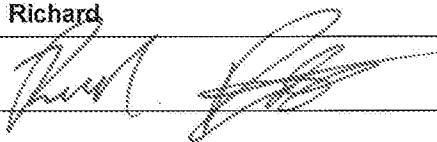

ASSIGNOR hereby authorizes and requests the Commissioner of Patents and Trademarks to issue said Letters Patent of the United States to ASSIGNEE. Assignor further irrevocably designates and appoints ASSIGNEE and its counsel as his/her attorney-in-fact and agent to act for and on his/her behalf to execute and file any document and to do all other lawfully permitted acts to further the purposes of this Agreement with the same legal force and effect as if executed by ASSIGNOR himself/herself. ASSIGNOR acknowledges that ASSIGNEE is the real party in interest to any and all patent applications described in connection with this Agreement, and to any and all patent rights granted thereon.

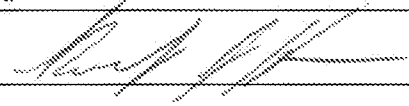
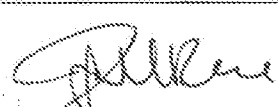
ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment and sale; and

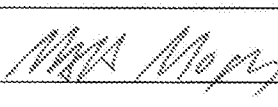
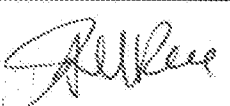
ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said application, said invention and said Letters Patent and legal equivalents in foreign countries as may be known and accessible to ASSIGNOR and will testify as to the same in any interference or litigation related thereto and will promptly execute and deliver to ASSIGNEE or its legal representative any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof in any foreign country which may be necessary or desirable to carry out the purposes thereof.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>	
Given Name: (first and middle [if any]) John	Family Name or Surname Volkar
Inventor's signature <i>John M Volkar</i>	Date 16-MAY-2017
Residence Address: Valencia, PA	
Mailing Address: 211 Huch Road, Valencia, PA 16059 U.S.	
<b>NOTARIZATION</b>	
BEFORE ME, the undersigned authority, on this day personally appeared <b>John Volkar</b> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 16th day of May, 2017.	
Notary Public Signature <i>JM Rae</i>	Notary Public Printed Name: Jennifer M Rae
[seal]	[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2020

<b>NAME OF SECOND INVENTOR:</b>	
Given Name: (first and middle [if any]) <b>Corey</b>	Family Name or Surname <b>Kemper</b>
Inventor's signature 	Date <b>5/1/2017</b>
Residence Address: <b>Pittsburgh, PA</b>	
Mailing Address: <b>5850 Centre Ave #509, Pittsburgh, PA 15206 U.S.</b>	
<b>NOTARIZATION</b>	
BEFORE ME, the undersigned authority, on this day personally appeared <b>Corey Kemper</b> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <b>1st</b> day of <b>May</b> , 20 <b>17</b>	
Notary Public Signature 	Notary Public Printed Name: <b>Jennifer M Rae</b>
[seal]	[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2020 <small>MEMBER - PENNSYLVANIA ASSOCIATION OF NOTARIES</small>

<b>NAME OF THIRD INVENTOR:</b>	
Given Name: (first and middle [if any]) <b>Richard</b>	Family Name or Surname <b>Dotson</b>
Inventor's signature 	Date <b>5-3-17</b>
Residence Address: <b>Verona, PA</b>	
Mailing Address: <b>1662 Relative Drive, Verona, PA 15147 U.S.</b>	
<b>NOTARIZATION</b>	
BEFORE ME, the undersigned authority, on this day personally appeared <b>Richard Dotson</b> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <b>3rd</b> day of <b>May</b> , 20 <b>17</b>	
Notary Public Signature 	Notary Public Printed Name: <b>Jennifer M Rae</b>
[seal]	[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2020 <small>MEMBER - PENNSYLVANIA ASSOCIATION OF NOTARIES</small>

<b>NAME OF FOURTH INVENTOR:</b>	
Given Name: (first and middle [if any]) <b>Bernard</b>	Family Name or Surname <b>Hobi</b>
Inventor's signature 	Date <b>5-16-2017</b>
Residence Address: <b>Apollo, PA</b>	
Mailing Address: <b>611 Dove Drive, Apollo, PA 15613 U.S.</b>	
<b>NOTARIZATION</b>	
BEFORE ME, the undersigned authority, on this day personally appeared <b>Bernard Hobi</b> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <b>16th</b> day of <b>May</b> , 20 <b>17</b>	
Notary Public Signature 	Notary Public Printed Name: <b>Jennifer M. Rae</b>
[seal]	[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2020 <small>RECEIVED FROM PENNSYLVANIA ASSOCIATION OF NOTARIES</small>

<b>NAME OF FIFTH INVENTOR:</b>	
Given Name: (first and middle [if any]) <b>Matthew</b>	Family Name or Surname <b>Moses</b>
Inventor's signature 	Date <b>5/1/2017</b>
Residence Address: <b>Oakmont, PA</b>	
Mailing Address: <b>1519 Merion Lane, Oakmont, PA 15139 U.S.</b>	
<b>NOTARIZATION</b>	
BEFORE ME, the undersigned authority, on this day personally appeared <b>Matthew Moses</b> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <b>1st</b> day of <b>May</b> , 20 <b>17</b>	
Notary Public Signature 	Notary Public Printed Name: <b>Jennifer M. Rae</b>
[seal]	[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2020 <small>RECEIVED FROM PENNSYLVANIA ASSOCIATION OF NOTARIES</small>

<b>NAME OF SIXTH INVENTOR:</b>	
Given Name: (first and middle [if any]) <b>John</b>	Family Name or Surname <b>Haury</b>
Inventor's signature <i>John A. Haury</i>	Date <b>3-21-2017</b>
Residence Address: <b>Sewickley, PA</b>	
Mailing Address: <b>2514 Nicholson Road, Sewickley, PA 15143 U.S.</b>	
<b>NOTARIZATION</b>	
BEFORE ME, the undersigned authority, on this day personally appeared <b>John Haury</b> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <b>21st</b> day of <b>March</b> , 20 <b>17</b>	
Notary Public Signature <i>Jennifer M. Rae</i>	Notary Public Printed Name: <b>Jennifer M. Rae</b>
[seal]	[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Jennifer M. Rae, Notary Public Indiana Twp., Allegheny County My Commission Expires Feb. 26, 2020 PENNSYLVANIA ASSOCIATION OF NOTARIES