

PATENT ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

EPAS ID: PAT5652205

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
PATRIK KENNES	06/03/2019
CHARLES ROGER AARON LEIGH	05/24/2019
PAUL MICHAEL CARTER	05/27/2019
MARK ALAN VON HUBEN	05/24/2019
JONATHAN DIOLASO	05/24/2019
SCOTT MATTHEW IBBOTSON	05/24/2019
IRENE TSIMOS DIOLASO	05/24/2019
RECEIVING PARTY DATA	
Name:	COCHLEAR LIMITED
Street Address:	1 UNIVERSITY AVENUE
City:	MACQUARIE UNIVERSITY, NSW
State/Country:	AUSTRALIA
Postal Code:	2109
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16376431
CORRESPONDENCE DATA	
Fax Number:	(703)647-6009
<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:	571-213-1989
Email:	mcosenza@pilloffpassino.com
Correspondent Name:	PILLOFF & PASSINO LLP
Address Line 1:	1940 DUKE STREET
Address Line 2:	SUITE 200
Address Line 4:	ALEXANDRIA, VIRGINIA 22314
ATTORNEY DOCKET NUMBER:	5441-606B
NAME OF SUBMITTER:	MARTIN J. COSENZA
SIGNATURE:	/Martin J. Cosenza/
DATE SIGNED:	08/05/2019

PATENT

Total Attachments: 5

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ASSIGNMENT

WHEREAS I/We, the below named inventor(s), (hereinafter referred to as Assignor(s)), have made an invention entitled:

RETENTION MAGNET SYSTEM FOR MEDICAL DEVICE

for which I/WE executed an application for United States Letters Patent concurrently herewith or filed an application for United States Letters Patent on April 5, 2019 (Application No. 16/376,431); and

WHEREAS, Cochlear Limited

1 University Avenue, Macquarie University, NSW, Australia 2109

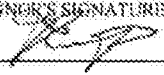
(hereinafter referred to as Assignee), is desirous of securing the entire right, title, and interest in and to this invention, the application for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

NOW THEREFORE, be it known that, for good and valuable consideration the receipt of which from Assignee is hereby acknowledged, I/WE, as Assignor(s), have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the Assignee, its lawful successors and assigns, my/our entire right, title, and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof; and I/WE hereby authorize and request the Director of Patents and Trademarks of the United States to issue all Letters Patent for this invention to Assignee, its successors and assigns, in accordance with the terms of this Assignment;

AND, I/WE HEREBY further covenant and agree that I/We will, without further consideration, communicate with Assignee, its successors and assigns, any facts known to me/us respecting this invention and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver all papers that may be necessary or desirable to perfect the title to this invention in said Assignee, its successors and assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid Assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States, it being understood that any expense incident to the execution of such papers shall be borne by the Assignee, its successors and assigns.

AND, I/WE HEREBY authorize and request my/our attorney at Pilloff & Passino LLP, 1940 Duke St., Suite 200, Alexandria, VA 22314 to insert here in parentheses (Application No. _____, filed _____) the filing date and application number of said application when known.

IN TESTIMONY WHEREOF, I/We have hereunto set our hand(s).

1. FULL NAME OF SOLE OR FIRST ASSIGNOR Patrik KENNES	ASSIGNOR'S SIGNATURE 	DATE (required) JUNE 3rd 2019
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
2. FULL NAME OF SECOND ASSIGNOR, IF ANY Charles Roger Aaron LEIGH	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
3. FULL NAME OF THIRD ASSIGNOR, IF ANY Paul Michael CARTER	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
4. FULL NAME OF FOURTH ASSIGNOR, IF ANY Mark Alan VON HUBEN	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP

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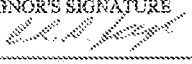
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AND, I/WE HEREBY further covenant and agree that I/We will, without further consideration, communicate with Assignee, its successors and assigns, any facts known to me/us respecting this invention and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver all papers that may be necessary or desirable to perfect the title to this invention in said Assignee, its successors and assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid Assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States, it being understood that any expense incident to the execution of such papers shall be borne by the Assignee, its successors and assigns.

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1. FULL NAME OF SOLE OR FIRST ASSIGNOR Patrik KENNES	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
2. FULL NAME OF SECOND ASSIGNOR, IF ANY Charles Roger Aaron LEIGH	ASSIGNOR'S SIGNATURE 	DATE (required) 29 May 19
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
3. FULL NAME OF THIRD ASSIGNOR, IF ANY Paul Michael CARTER	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
4. FULL NAME OF FOURTH ASSIGNOR, IF ANY Mark Alan VON HUBEN	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP

ASSIGNMENT

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RETENTION MAGNET SYSTEM FOR MEDICAL DEVICE

for which I/WE executed an application for United States Letters Patent concurrently herewith or filed an application for United States Letters Patent on April 5, 2019 (Application No. 16/275,431); and

WHEREAS, Cochlear Limited

1 University Avenue, Macquarie University, NSW, Australia 2109


(hereinafter referred to as Assignee), is desirous of securing the entire right, title, and interest in and to this invention, the application for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

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ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
2. FULL NAME OF SECOND ASSIGNOR, IF ANY Charles Roger Aaron LEIGH	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
3. FULL NAME OF THIRD ASSIGNOR, IF ANY Paul Michael CARTER	ASSIGNOR'S SIGNATURE 	DATE (required) 27 MAY 2019
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
4. FULL NAME OF FOURTH ASSIGNOR, IF ANY Mark Alan VON HUBEN	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP

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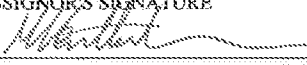
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ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
2. FULL NAME OF SECOND ASSIGNOR, IF ANY Charles Roger Aaron LEIGH	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
3. FULL NAME OF THIRD ASSIGNOR, IF ANY Paul Michael CARTER	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
4. FULL NAME OF FOURTH ASSIGNOR, IF ANY Mark Alan VON HUBEN	ASSIGNOR'S SIGNATURE 	DATE (required) 24 May 2019
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP AUSTRALIA

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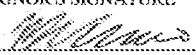

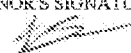
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IN TESTIMONY WHEREOF, I/We have hereunto set our hand(s).

5. FULL NAME OF FIFTH ASSIGNOR, IF ANY Jonathan DIOLASO	ASSIGNOR'S SIGNATURE 	DATE (required) 24 May 2019
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
6. FULL NAME OF SIXTH ASSIGNOR, IF ANY Scott IBBOTSON	ASSIGNOR'S SIGNATURE 	DATE (required) 24 May 2019
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
7. FULL NAME OF SEVENTH ASSIGNOR, IF ANY Irene Tsimos DIOLASO	ASSIGNOR'S SIGNATURE 	DATE (required) 24/05/2019
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP AUSTRALIAN
8. FULL NAME OF EIGHTH ASSIGNOR, IF ANY	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS		CITIZENSHIP