

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT5657246

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
GARY W. SCHEIFFELE	08/06/2019
EDWARD L. STANLEY	08/06/2019
RECEIVING PARTY DATA	
Name:	UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.
Street Address:	223 GRINTER HALL
City:	GAINESVILLE
State/Country:	FLORIDA
Postal Code:	32611
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16412355
CORRESPONDENCE DATA	
Fax Number:	(770)951-0933
<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:	770-933-9500
Email:	alicia.howell@thomashorstemeyer.com
Correspondent Name:	CHRISTOPHER B. LINDER
Address Line 1:	3200 WINDY HILL RD
Address Line 2:	SUITE 1600E
Address Line 4:	ATLANTA, GEORGIA 30339
ATTORNEY DOCKET NUMBER:	T17351 (222107-1590)
NAME OF SUBMITTER:	CHRISTOPHER B. LINDER
SIGNATURE:	/CBL/
DATE SIGNED:	08/07/2019
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 3	
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source=Assignment_T17351__222107-1590__UFPT17351US002#page3.tif	

DECLARATION AND ASSIGNMENT

As a below-named inventor, I/we hereby declare that I/we believe I/we am/are the original inventor(s) or an original joint inventor of a claimed invention in the patent application for United States letters patent, entitled, "**METHODS AND COMPOSITIONS FOR MINIMIZING X-RAY SCATTERING ARTIFACTS,**" (the "Invention") that

☐ was signed by me/us on _____ (attached) and/or
☒ was filed on May 14, 2019, Serial No. 16/412,355
(the "Application").

The Application was made or authorized to be made by me, and I/we have reviewed and understand its contents, including the claims.

I/we hereby acknowledge the duty to disclose information that is material to patentability of the Invention in accordance with Title 37, Code of Federal Regulations, § 1.56.

I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years or both.

By virtue of my/our employment, appointment, or affiliation with the University of Florida (the "University") and pursuant to the University Intellectual Property Policy and my Intellectual Property Agreement with the University, I/we have assigned all my/our rights in the Invention to the University or its assignee or designee. I/we hereby acknowledge that the University has designated the University of Florida Research Foundation, Incorporated (the "Foundation") to be the assignee of its entire right, title, and interest in the Invention.

THEREFORE, for valuable consideration, the sufficiency and receipt of which I/we hereby acknowledge, I/we confirm and ratify the sale, assignment, and transfer to the Foundation, its successors and assigns, all my/our rights in the Invention, the Application, and all other patent applications and patents for the Invention which may be applied for or granted, including, all divisional, continuing, substitute, renewal, reissue, reexamination, counterpart, substitute, extension, and all other applications for letters patent which are or have been filed for the Invention in the United States, its territorial possessions, and all foreign countries and in all patents and extensions which may be granted for the Application.

I/We hereby authorize and request patent office officials in the United States and in all foreign countries to issue any patents that are granted for the Application to the Foundation as the assignee of my/our entire right, title, and interest in the patents.

I/We hereby assign to the Foundation, its successors and assigns, all of my/our rights to sue for and recover damages and profits with respect to past infringements or unauthorized uses of any patent that issues on the Application or unpaid royalties with respect to use of any rights in the Application that occurred before the execution of this Assignment.

I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters patent; execute all necessary papers; make all rightful oaths; and generally do everything possible to aid the Foundation, its successors and assigns, to obtain and enforce all rights with respect to the Application in the United States, its territorial possessions, and all foreign countries.

Signed: _____

Name: **Gary W. Scheiffele**

Address: **1903 NW 38TH Drive
Gainesville, FL 32605**

Date: _____

8/6/2019

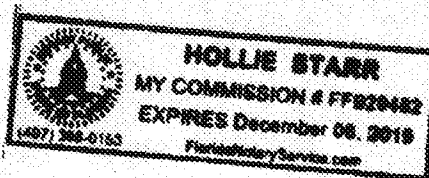
State of Florida
County of Alachua

On this 6th day of August, 2019, Gary W. Scheiffele personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

Hollie Starr

Notary Public

My Commission Expires:
SEAL



I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters patent; execute all necessary papers; make all rightful oaths; and generally do everything possible to aid the Foundation, its successors and assigns, to obtain and enforce all rights with respect to the Application in the United States, its territorial possessions, and all foreign countries.

Signed: _____

Name: **Edward L. Stanley**

Address: **806 NE 11th Avenue
Gainesville, FL 32601**

Date: _____

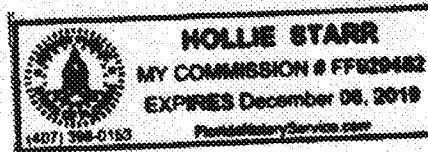
8.6.19

State of Florida
County of Alachua

On this 6th day of August, 2019, **Edward L. Stanley** personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

Hollie Starr

Notary Public



My Commission Expires:
SEAL