

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT5691327

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JOHN PEDERSEN	08/26/2019
RECEIVING PARTY DATA	
Name:	BLACKBOX SURGICAL
Street Address:	5930 MOORHOUSE DRIVE
City:	WADSWORTH
State/Country:	OHIO
Postal Code:	44281
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15056750
CORRESPONDENCE DATA	
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<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>	
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ATTORNEY DOCKET NUMBER:	BBS-024075 US ORD
NAME OF SUBMITTER:	CHRISTOPHER P. HARRIS
SIGNATURE:	/Christopher P. Harris/
DATE SIGNED:	08/28/2019
Total Attachments: 1	
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ASSIGNMENT

WHEREAS, I, the undersigned inventor (or one of the undersigned joint inventors), of residence as listed, having invented certain new and useful improvements as below entitled, for which application for United States Letters Patent is made, the said application having been executed on the date set forth below; and

WHEREAS, Blackbox Surgical, a corporation organized and existing under the laws of the State of Ohio, with a place of business at 5930 Moorhouse Drive, Wadsworth, OH 44281, is desirous of acquiring my entire right, title and interest in and to the said invention, and to the said application and any Letters Patent that may issue thereon;

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, I hereby sell and assign to the said Blackbox Surgical, its successors and assigns, my/our entire right, title and interest in and to the said invention and in to the said application and all patents which may be granted therefore, and all divisions, reissues, substitutions, continuations, and extensions thereof; and I hereby authorize and request the Commissioner of Patents and Trademarks to issue all patents for said invention, or patent resulting therefrom, insofar as my interest is concerned, to the said Blackbox Surgical, as assignee of my entire right, title and interest.

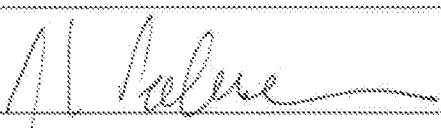
I also hereby sell and assign to Blackbox Surgical, its successors and assigns, my foreign rights to the invention disclosed in said application, in all countries of the world, including but not limited to, the right to file applications and obtain patents under the terms of the International Convention for the Protection of Industrial Property, and of the European Patent Convention, and further agree to execute any and all patent applications, assignments, affidavits, and any other papers in connection therewith necessary to perfect such patent rights.

I hereby further agree that I will communicate to said Blackbox Surgical, or to its successors, assigns, and legal representatives, any facts known to me respecting said invention, and at the expense of said assignee company, testify in any legal proceedings, sign all lawful papers, execute all divisional, continuation, reissue and substitute applications, make all lawful oaths, and generally do everything possible to aid said Blackbox Surgical, its successors, assigns and nominees to obtain and enforce proper patent protection for said invention in all countries.

I hereby further authorize and direct the attorneys of record to insert the serial number and filing date of said application now identified by the attorney docket number and title set forth above as soon as the same shall have been made known to them by the United States Patent and Trademark Office.

IN WITNESS WHEREOF, I hereunto set hand and seal this day and year;

TITLE	SURGICAL DATA CONTROL SYSTEM		
NONPROVISIONAL APPLICATION NO.	15/056750	FILING DATE	29 February 2016

SIGNATURE OF INVENTOR	
PRINTED NAME OF INVENTOR	JOHN PEDERSEN
DATE	8/26/19
RESIDENCE (CITY AND STATE)	WADSWORTH, OH