PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT5757522

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
JOHN PEDERSEN	10/04/2019

RECEIVING PARTY DATA

Name:	SURGICAL BLACK BOX LLC
Street Address:	172 CENTER STREET
Internal Address:	SUITE 202, BOX 2869
City:	JACKSON
State/Country:	WYOMING
Postal Code:	83001

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	15056750

CORRESPONDENCE DATA

Fax Number: (216)621-4072

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.

Phone: 216-621-2234
Email: lpringle@tarolli.com
Correspondent Name: TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.
Address Line 1: 1300 EAST NINTH STREET
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ATTORNEY DOCKET NUMBER:	BBS-024075 US ORD
NAME OF SUBMITTER:	CHRISTOPHER P. HARRIS
SIGNATURE:	/Christopher P Harris/
DATE SIGNED:	10/07/2019

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 Letters Patent of the United States has been filed on 29-Feb-2016 under Serial No. 15/056750; and

WHEREAS, Surgical Black Box LLC, a corporation organized and existing under the laws of the State of Wyoming, with a place of business at 172 Center Street, Suite 202, Box 2869, Jackson, Wyoming 83001, 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 Surgical Black Box LLC, its successors and assigns, my entire right, title and interest in and to the said invention and in to the said application and all patents which may be granted therefrom, 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 Surgical Black Box LLC, as assignee of my entire right, title and interest.

I also hereby sell and assign to Surgical Black Box LLC, 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 Surgical Black Box LLC, 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 Surgical Black Box LLC, 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-Feb-2016

SIGNATURE OF INVENTOR	
PRINTED NAME OF INVENTOR	**JOHN PEDERSEN**
DATE	oct 9th 2019
RESIDENCE (CITY AND STATE)	WADSWORTH, OHIO