

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5835072

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	SALVADOR SIERRA	08/12/1997
RECEIVING PARTY DATA		
Name:	METROPOLITAN LIFE INSURANCE CO..	
Street Address:	1095 AVENUE OF THE AMERICAS	
City:	NEW YORK	
State/Country:	NEW YORK	
Postal Code:	10036	
PROPERTY NUMBERS Total: 1		
Property Type	Number	
Application Number:	12149755	
CORRESPONDENCE DATA		
Fax Number:	(212)704-6288	
<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:	(212)704-6432	
Email:	IPServicesNYC@troutman.com	
Correspondent Name:	TROUTMAN SANDERS LLP	
Address Line 1:	875 THIRD AVENUE	
Address Line 2:	17TH FLOOR	
Address Line 4:	NEW YORK, NEW YORK 10022	
ATTORNEY DOCKET NUMBER:	237310.000030	
NAME OF SUBMITTER:	CHANELLE ROGERS	
SIGNATURE:	/Chanelle Rogers/	
DATE SIGNED:	11/22/2019	
Total Attachments: 2		
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source=Salvador Sierra employment agreement#page2.tif		

Agreement To Protect Corporate Property

In consideration of my employment with Metropolitan Life Insurance Company ("MetLife"), I agree to the following:

1. All equipment, documents and other property, and all information, of MetLife which I receive in the course of my employment by MetLife, including property and information which I develop as a MetLife employee, remain the property and information of MetLife. Unless otherwise agreed to in writing by the officer in charge of my department, the products of all of my efforts in the course of my employment belong exclusively to MetLife and I will not retain any rights in any such product. Upon my voluntary or involuntary termination of employment from MetLife, I agree to return any and all property and information of MetLife immediately without keeping any copies.

2.

REDACT

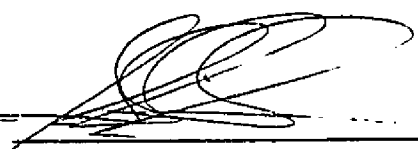
3.

4.

REDACT

5.


I have carefully read this Agreement and I understand it. I acknowledge that I have been given a copy of this Agreement.

Signature: 

Dept. MET DISABILITY-ATLANTA, GA

Name: SALVADOR SIERRA

Date: 8/12/97

Witness: 

Name and Title: Douglas L. Terrell; Unit Manager

Please return the signed form to your Departmental Personnel Manager/Representative.

NYHO-HX937B