

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT5845637

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
LYNN MACK	07/12/2017
THOMAS LOOI	07/12/2017
RENU ROY	06/30/2017
MELINA CHEONG	07/12/2017
MARCIA PALMER	07/12/2017
MICHAEL HARTMAN	07/12/2017
RECEIVING PARTY DATA	
Name:	THE HOSPITAL FOR SICK CHILDREN
Street Address:	555 UNIVERSITY AVENUE
City:	TORONTO, ONTARIO
State/Country:	CANADA
Postal Code:	M5G 1X8
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16618721
CORRESPONDENCE DATA	
Fax Number:	(703)739-9889
<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:	703-739-9888
Email:	DOWELL@DOWELLPC.COM
Correspondent Name:	DOWELL & DOWELL, P.C.
Address Line 1:	2560 HUNTINGTON AVE, SUITE 406
Address Line 4:	ALEXANDRIA, VIRGINIA 22303
ATTORNEY DOCKET NUMBER:	20907NP
NAME OF SUBMITTER:	JEREMY W. MILLER, REG. NO. 72995
SIGNATURE:	/Jeremy W. Miller/
DATE SIGNED:	12/02/2019
Total Attachments: 9	

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WORLDWIDE ASSIGNMENT

WE, Lynn MACK, Thomas LOOI, Renu ROY, Melina CHEONG, Marcia PALMER and Michael HARTMAN, whose full post office addresses are, 102 Simpson Avenue, Toronto, Ontario M4K 1A2, Canada; 13 Fitzroy Avenue, Markham, Ontario L6E 0J4, Canada; 964 Carlaw Avenue, Toronto, Ontario M4K 3M1, Canada; 9-4855 Half Moon Grove, Mississauga, Ontario L5M 8C7, Canada; 63 Bridlewood Boulevard, Whitby, Ontario L1R 3C9, Canada and 1309 Burkholder Drive, Burlington, Ontario L7M 4V6, Canada, respectively, have invented, **CAPSULE SHREDDING DEVICE**, for which the United States Provisional patent application was filed:

Filing Date: June 2, 2017

Serial No. 62/514,259

in consideration of Two Dollars (\$2.00) paid to us, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, WE by these presents confirm that WE have sold, transferred and assigned and do hereby sell, transfer and assign to **THE HOSPITAL FOR SICK CHILDREN**, ("Assignee"), having offices at, 555 University Avenue, Toronto, Ontario M5G 1X8, Canada, its successors and assigns or nominees, all OUR rights, title and interest in the United States, and all other countries of the world in and to OUR invention as fully described and claimed in the United States patent application, and WE sell, assign and transfer to **THE HOSPITAL FOR SICK CHILDREN**, all OUR rights to apply for patent on said invention in the United States, and all other countries of the world including any and all full utility applications, divisions, continuations, continuation-in-part, re-examinations, renewals, reissues and/or extensions thereof, any design applications originating therefrom, International PCT patent applications and all national phase applications and all OUR corresponding rights, title and interest in and to any patent which may issue therefor in the United States, and all other countries of the world to have and to hold for **THE HOSPITAL FOR SICK CHILDREN** 's own use and **THE HOSPITAL FOR SICK CHILDREN** 's successors and assigns as fully and entirely as the same might be enjoyed by Lynn MACK, Thomas LOOI, Renu ROY, Melina CHEONG, Marcia PALMER and Michael HARTMAN if this sale had not been made.

AND WE UNDERTAKE to sign such further documents to effect the aforesaid sale, assignment and transfer as may be required from time to time, without reimbursement, but at the expense of **THE HOSPITAL FOR SICK CHILDREN.**

AND WE authorize HILL & SCHUMACHER, Patent and Trademark Agents, of 264 Avenue Road, Toronto, Ontario M4V 2G7, Canada to enter the particulars of the signature and particulars of the Declaration when missing.

This assignment can be signed in counterparts.

Signed at (city/town) Toronto

This 12 day of July, 2017.

Mack

Lynn MACK

DECLARATION OF WITNESS

I, Thomas Looi, whose full post office address
is, 13 Fitzroy Ave Markham Ont L6E 0J4, hereby
declare that I was personally present and did see **Lynn MACK** who is personally
known to me to be the person named in the above assignment duly sign and execute
the same.

DECLARED at (city/town) Toronto


This 12th day of July, 2017.

[Signature]

(Signature of Witness)

Signed at (city/town) Toronto

This 12th day of July, 2017.




Thomas LOOI

DECLARATION OF WITNESS

I, Lynn Mack, whose full post office address
is, 102 Simpson Ave Toronto ON M4K 1A2, hereby
declare that I was personally present and did see **Thomas LOOI** who is personally
known to me to be the person named in the above assignment duly sign and execute
the same.

DECLARED at (city/town) Toronto.

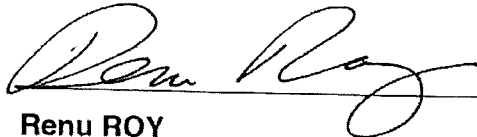
This 12 day of July, 2017.



(Signature of Witness)

Signed at (city/town) Toronto

This 30th day of June, 2017.


Renu ROY

DECLARATION OF WITNESS

I, ~~Renu Roy~~ Lynn Mack, whose full post office address 102 Simpson Ave
is, ~~964~~ Carlaw Avenue, Toronto, ON M4K 3M1, hereby Toronto ON
declare that I was personally present and did see **Renu ROY** who is personally known M4K1A2
to me to be the person named in the above assignment duly sign and execute the
same.

DECLARED at (city/town) Toronto

This 30th day of June, 2017.

Lynn Mack

(Signature of Witness)

Signed at (city/town) Toronto

This 12th day of July, 2017.

Melina Cheong
Melina CHEONG

DECLARATION OF WITNESS

I, Marcia Palmer MP
Melina Cheong, whose full post office address
is, Unit 63 Brielle Wood Blvd. Whitby, Ont. L1R 3C9, hereby
declare that I was personally present and did see **Melina CHEONG** who is personally
known to me to be the person named in the above assignment duly sign and execute
the same.

DECLARED at (city/town) Toronto

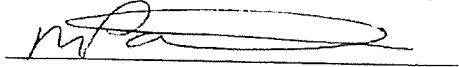
This 12 day of July, 2017.

[Signature]

(Signature of Witness)

Signed at (city/town) Toronto

This 12 day of July, 2017.




Marcia PALMER

DECLARATION OF WITNESS

I, Melina Cheong, whose full post office address
is, 9-4855 half moon drive Mississauga, Ont. ^{LSM & CS} hereby
declare that I was personally present and did see **Marcia PALMER** who is personally
known to me to be the person named in the above assignment duly sign and execute
the same.

DECLARED at (city/town) Toronto.

This 12th day of July, 2017.



(Signature of Witness)

Signed at (city/town) Burlington

This 12 day of July, 2017.



Michael HARTMAN

DECLARATION OF WITNESS

I, TRACCY SOUTH, whose full post office address
is, 258 CAVES COURT, MILTON, ON, hereby
declare that I was personally present and did see Michael HARTMAN who is personally
known to me to be the person named in the above assignment duly sign and execute
the same.

DECLARED at (city/town) OAKVILLE, ON

This 12th day of July, 2017.



(Signature of Witness)

ACCEPTANCE

The Assignee accepts this assignment.

Signed at (city/town) Toronto, ON

This 10 day of October, 2017.

THE HOSPITAL FOR SICK CHILDREN

Signature: Arlene Yee

Name: Arlene Yee, DVM, MSc.
Director, Industry Partnerships & Commercialization

Position: _____

DECLARATION OF WITNESS

I, Tiffany Anderson, whose full post office address
is, 285 Shuter Street Toronto, ON M5A 1G5, hereby
declare that I was personally present and did see, Arlene Yee,
who is personally known to me to be the person that has duly signed and executed the
above assignment on behalf of **THE HOSPITAL FOR SICK CHILDREN**.

DECLARED at (city/town) Toronto, ON

This 10 day of October, 2017.

Tiffany Anderson
(Signature of Witness)