

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT5892905

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
GOVINDAPPA SIMHADRI	12/11/2019
RAGHU PRASAD	12/11/2019
SANDEEP LAKSHMIPATHY	12/10/2019
JAYANTH GANAPATHIRAJU	12/10/2019
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	GE PRECISION HEALTHCARE LLC
<b>Street Address:</b>	9900 W. INNOVATION DRIVE
<b>City:</b>	WAUWATOSA
<b>State/Country:</b>	WISCONSIN
<b>Postal Code:</b>	53226
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	16733596
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(216)696-8731
<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>	
<b>Phone:</b>	216-696-8730
<b>Email:</b>	epas@thepatentattorneys.com
<b>Correspondent Name:</b>	AMIN, TUROCY & WATSON, LLP GE PRECISION
<b>Address Line 1:</b>	200 PARK AVENUE
<b>Address Line 2:</b>	SUITE 300
<b>Address Line 4:</b>	BEACHWOOD, OHIO 44122
<b>ATTORNEY DOCKET NUMBER:</b>	600377-US-1/GEP210US
<b>NAME OF SUBMITTER:</b>	HIMANSHU S. AMIN
<b>SIGNATURE:</b>	/Himanshu S. Amin/
<b>DATE SIGNED:</b>	01/03/2020
This document serves as an Oath/Declaration (37 CFR 1.63).	
<b>Total Attachments: 6</b>	

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COMBINED DECLARATION AND GLOBAL ASSIGNMENT  
**FOR UTILITY OR DESIGN PATENT APPLICATION**

As the below named inventor(s), I/we hereby declare that:

This declaration and assignment are directed to:

**METHOD AND SYSTEM FOR REAL-TIME AND OFFLINE DE-IDENTIFICATION OF FACIAL  
REGIONS FROM REGULAR AND OCCLUDED COLOR VIDEO STREAMS OBTAINED  
DURING DIAGNOSTIC MEDICAL PROCEDURES**

- ☒ the specification of which is attached hereto OR  
☐ United States application or PCT international application number \_\_\_\_\_, as  
\_\_\_\_\_ filed on \_\_\_\_\_, as  
amended on [date] (if applicable).  
(We hereby authorize and request the Company or its delegated attorneys or agents to  
insert above the application number and filing date of the application when known.)

The above-identified application was made or authorized to be made by us.

We believe that we are original joint inventors of a claimed invention in the application.

We hereby acknowledge that any willful false statement made in this declaration is punishable  
under 18 USC § 1001 by fine or imprisonment of not more than five (5) years, or both.

We have reviewed and understand the contents of the above-identified application, including the  
claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the patentability of this  
application as defined in 37 CFR § 1.56, including, for continuation-in-part applications, material  
information which became available between the filing date of the prior application and the filing  
date of the continuation-in-part application.

In accordance with our obligation(s) under an Employee Innovation and Proprietary Information  
Agreement or (as applicable) arising out of other agreements (such as, but not limited to, the  
Services Agreement between General Electric Company, a New York corporation, and our  
employers), and/or for other good and valuable consideration of which we acknowledge receipt,  
I/we,

Inventor First Name	Inventor Middle Name	Inventor Last Name		Residence Town	Residence State	Residence Country
Govindappa		Simhadri	of	Bangalore	Karnataka	India
Raghu		Prasad	of	Bangalore	Karnataka	India
Sandeep		Lakshmipathy	of	Bangalore	Karnataka	India
Jayanth		Ganapathiraju	of	Bangalore	Karnataka	India

v9.18.12

hereby sell and assign to:

Name of Company: <i>GE Precision Healthcare LLC</i>
Entity Type (optional): <i>Delaware Corporation</i>
Address: <i>9900 West Innovation Drive, Wauwatosa, WI 53226, USA</i>

herein referred to as "Company", its successors and assigns my entire rights, titles and interests in and to the invention and improvements made or conceived by me described in the application(s) listed above and in the following table:

Country of Filing	Type of Filing	Application No.	Filing Date	Title
US	Utility			METHOD AND SYSTEM FOR REAL-TIME AND OFFLINE DE-IDENTIFICATION OF FACIAL REGIONS FROM REGULAR AND OCCLUDED COLOR VIDEO STREAMS OBTAINED DURING DIAGNOSTIC MEDICAL PROCEDURES

(We hereby authorize and request the Company or its delegated attorneys or agents to insert above the application number and filing date of the application(s) when known.)

and any and all applications for patent and patents therefrom in any and all countries, including all divisions, continuations, continuations-in-part, reexaminations, renewals, and reissues thereof, and all rights of priority resulting from the filing of the application(s), and authorize and request any official whose duty it is to issue patents, to issue any patent on the inventions and improvements resulting therefrom to the Company, or its successors or assigns, and agree that on request and without further consideration, we will communicate to the Company or its representatives or nominees any facts known to us respecting the inventions and improvements and testify in any legal proceeding, make all rightful oaths, sign all lawful papers and execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent, utility model, or other similar rights in all countries including, but not limited to, any provisional, non-provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, for any derivation proceedings relating thereto, and, as to any patents that issue from such applications, for any supplemental examination, derivation proceeding, opposition, post grant review, reissue, re-examination, inter partes review, or extension thereof, and generally do everything possible to aid the Company, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

Remuneration claims of the inventor(s)/assignor(s) potentially arising from German Law on Employee Inventions, or any other respective country law, remain unaffected by this assignment.

INVENTOR 1

Signature: Govindappa Simhadri Date: 11th Dec 2019  
Govindappa Simhadri

Witnessed by: [Signature] Date: 11/Dec/2019  
Signature

SANDEEP LAKSHMIPATHY  
Printed Name of Witness

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Witness

**SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY**

\_\_\_\_\_  
Govindappa Simhadri Date: \_\_\_\_\_

STATE OF

ss.

COUNTY OF

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally came the above-named Govindappa Simhadri, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

\_\_\_\_\_  
(Notary Public)

INVENTOR 2

Signature: \_\_\_\_\_

Raghu Prasad M.S  
Raghu Prasad

Date: \_\_\_\_\_

11<sup>th</sup> December 2019

Witnessed by: \_\_\_\_\_

Signature

Bani

Date: \_\_\_\_\_

11- Dec - 2019

RAVINDRA PRADASH RATHI  
Printed Name of Witness

Witnessed by: \_\_\_\_\_

Signature

R.P.

Date: \_\_\_\_\_

11- Dec 2019

RAHUL KUMAR GUPTA  
Printed Name of Witness

SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY

\_\_\_\_\_  
Raghu Prasad

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

ss. \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally came the above-named Raghu Prasad, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

INVENTOR 3

Signature: \_\_\_\_\_

**Sandeep Lakshmiopathy**

Date: \_\_\_\_\_

10/Dec/2019

Witnessed by: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

10/DEC/2019

JAYANTH GANAPATHIRAJU

Printed Name of Witness

Witnessed by: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

10/Dec/2019

LAWRENCE PRAASH

Printed Name of Witness

**SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY**

\_\_\_\_\_  
**Sandeep Lakshmiopathy**

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

ss. \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally came the above-named **Sandeep Lakshmiopathy**, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

\_\_\_\_\_  
(Notary Public)

INVENTOR 4

Signature: Jayanth Ganapathiraju Date: 10/DEC/2019

Witnessed by: Sandeep L. Date: 10/Dec/2019  
Signature  
SANDEEP LAKSHMITHY  
Printed Name of Witness

Witnessed by: Lawrence Prakash Date: 10/Dec/2019  
Signature  
LAWRENCE PRAKASH  
Printed Name of Witness

**SECTION BELOW IS FOR USE ONLY IF SIGNING IN PRESENCE OF A NOTARY**

\_\_\_\_\_  
Jayanth Ganapathiraju Date: \_\_\_\_\_

STATE OF

SS.

COUNTY OF

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally came the above-named Jayanth Ganapathiraju, to me personally known as the individual who executed the foregoing assignment, who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

Seal

\_\_\_\_\_  
(Notary Public)