## 505899184 02/04/2020

# **PATENT ASSIGNMENT COVER SHEET**

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5945885

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

#### **CONVEYING PARTY DATA**

Name	Execution Date
REZA RADMAND	11/27/2018

### **RECEIVING PARTY DATA**

Name:	ACHAEMENID, LLC
Street Address:	2318 MAIN STREET
City:	STRATFORD
State/Country:	CONNECTICUT
Postal Code:	06615

### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	16781417

#### **CORRESPONDENCE DATA**

**Fax Number:** (866)250-1636

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.

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Email:joneill@moylesip.comCorrespondent Name:MOYLES IP, LLCAddress Line 1:1 ENTERPRISE DRIVE

Address Line 2: SUITE 428

Address Line 4: SHELTON, CONNECTICUT 06484

ATTORNEY DOCKET NUMBER:	RAD011USCIP3
NAME OF SUBMITTER:	JANELLE A. O'NEILL
SIGNATURE:	/Janelle A. O'Neill/
DATE SIGNED:	02/04/2020

**Total Attachments: 2** 

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PATENT 505899184 REEL: 051716 FRAME: 0338

#### GLOBAL ASSIGNMENT

In accordance with my obligation(s) under an employee agreement or (as applicable) arising out of other agreements and/or state/country laws and/or for other good and valuable consideration of which I acknowledge receipt, I,

Inventor First	Inventor Middle	Inventor Last Name		Residence Town	Residence State	Residence Country
Name	Name					
Reza		Radmand	of	Boston	MA	US

hereby sell and assign to:

Name of Company: Achaemenid, LLC	
Address: 2318 Main Street, Stratford, CT 06615	

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 in the following table:

Country of Filing	Type of Filing	Application Number	Filing Date	Title
US	Utility	16/202,204	11/28/2018	REMOVABLE MANDIBULAR PHARMACEUTICAL DELIVERY DEVICE
US	Utility	16/673,077	11/04/2019	INTRA-ORAL ELECTROENCEPHALOGRAPHY DEVICE AND METHOD
US	Utility	16/781,417	02/04/2020	INTRA-ORAL ELECTROENCEPHALOGRAPHY DEVICE AND METHOD
US	PCT			INTRA-ORAL ELECTROENCEPHALOGRAPHY DEVICE AND METHOD

(I 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, I will communicate to the Company or its representatives or nominees any facts known to me 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

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# Moyles iP Docket No. RAD011

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.

INVENTOR
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Signature:

Reza Radmand

Date: 11-27-2018

Date: \_//- 7 7-7018

Printed Name of Witness

Witnessed by:

Signature

Signature

Printed Name of Witness