

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5951424

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
GARY A FREEMAN	06/11/2004
RECEIVING PARTY DATA	
Name:	ZOLL MEDICAL CORPORATION
Street Address:	269 MILL ROAD
City:	CHELMSFORD
State/Country:	MASSACHUSETTS
Postal Code:	01824
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16034402
CORRESPONDENCE DATA	
Fax Number:	(978)421-0007
<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:	978-421-9194
Email:	patents@zoll.com
Correspondent Name:	JOANNE R. PARRILL
Address Line 1:	269 MILL ROAD
Address Line 4:	CHELMSFORD, MASSACHUSETTS 01824
ATTORNEY DOCKET NUMBER:	Z10443US-09
NAME OF SUBMITTER:	JOANNE R. PARRILL
SIGNATURE:	/Joanne R. Parrill/
DATE SIGNED:	02/07/2020
Total Attachments: 3	
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ASSIGNMENT

For valuable consideration, I, GARY A. FREEMAN of 47 Stearns Street, Newton Center, MA 02159, hereby assign to ZOLL Medical Corporation, a corporation of Massachusetts having a place of business at 269 Mill Road, Chelmsford, MA 01824-4105; and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by me, entitled AUTOMATED CAREGIVING DEVICE WITH PROMPTING BASED ON CAREGIVER PROGRESS, filed May 7, 2004, and assigned U.S. Serial Number 10/841,367; this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and I agree for me and my respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS WHEREOF, I hereto set my hand and seal at Zoll Medical

this 11 day of June, 2004

GARY A. FREEMAN L.S.

State of Mass. :

: ss.

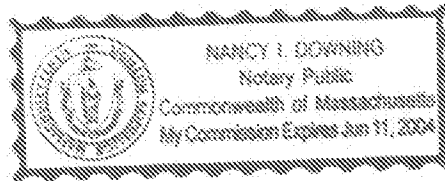
County of Middlesex :

Before me this 11th day of June, 2004, personally appeared GARY A. FREEMAN known to me to be the person whose name is subscribed to the foregoing Assignment and acknowledged that he executed the same as his free act and deed for the purposes therein contained.

Nancy I. Downing
Notary Public

My Commission Expires:

[Notary's Seal Here]



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MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455 (03-12), §5(f)

Commonwealth of Massachusetts

County of Middlesex } ss.

On this the 17th day of June, 2004, before me,

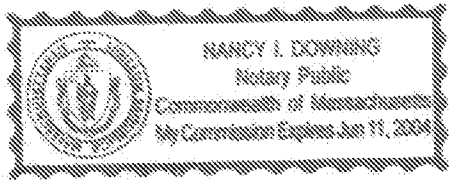
Nancy Downing, the undersigned Notary Public,

personally appeared Paul V. Truman

proved to me through satisfactory evidence of identity, which was/were cell employee

to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(s)

- as partner(s) for _____ a partnership.
- as _____ for _____ a corporation.
- as attorney in fact for _____ the principal.



as VP/Clinical Affairs for Cell Medical a Corp.

Nancy Downing

Nancy Downing

My Commission Expires 6-11-04

Place Notary Seal and/or Any Stamp Above My Commission Expires 6-11-04 **OPTIONAL**

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment

Document Date: 6/11/04 Number of Pages: 1

Signer(s) Other Than Named Above: _____

