

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT6054210

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
KEVIN COWAN	10/10/2018
MICHAEL SPOHN	10/10/2018
BARRY TUCKER	10/09/2018
MATTHEW WALKER	10/16/2018
JAMES DEDIG	10/18/2018
JAMES FENTRESS	10/16/2018
JOSEPH VINCENT RANALLETTA	10/10/2018
RECEIVING PARTY DATA	
Name:	BAYER HEALTHCARE LLC
Street Address:	100 BAYER BOULEVARD
City:	WHIPPANY
State/Country:	NEW JERSEY
Postal Code:	07981
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16621809
CORRESPONDENCE DATA	
Fax Number:	
<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>	
Email:	RIPATENTS@BAYER.COM
Correspondent Name:	BAYER HEALTHCARE LLC
Address Line 1:	1 BAYER DRIVE
Address Line 4:	INDIANOLA, PENNSYLVANIA 15051
ATTORNEY DOCKET NUMBER:	BHC179061PCTUS
NAME OF SUBMITTER:	DAWN M. DEDOLA
SIGNATURE:	/Dawn M. Dedola/
DATE SIGNED:	04/09/2020
This document serves as an Oath/Declaration (37 CFR 1.63).	

Total Attachments: 7

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ASSIGNMENT WITH DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Whereas, I/We, the undersigned inventor(s) hereinafter called assignor(s), have invented certain improvements described in the application identified below; and

Whereas, **Bayer HealthCare LLC** a corporation organized and existing under the laws of the State of Delaware and having a place of business at 100 Bayer Boulevard, Whippany, NJ 07981, (assignee), desires to acquire the entire right, title, and interest in the application and invention, and to any United States patents to be obtained therefor;

Now therefore, for valuable consideration, receipt whereof is hereby acknowledged,

I/We, the above named assignor(s), hereby sell, assign and transfer to the above named assignee, its successors, legal representatives, and assigns, the entire right, title and interest in the invention and the application for the United States of America, including all direct and indirect divisions, continuations, and continuations-in-part thereof, and all original, extended, reissued, reviewed, and reexamined Letters Patent of the United States, and all countries foreign thereto, that may be granted thereon, including rights of priority under the International Convention of Paris (1883) as amended, including the right to claim priority under 35 U.S.C. §119, and I/we request the Director of the U.S. Patent and Trademark Office to issue any Letters Patent granted upon the invention set forth in the application to the assignee, its successors and assigns; and I/we hereby agree that the assignee may apply for foreign Letters Patent on the invention and I/we will execute without further consideration all papers deemed necessary by the assignee in connection with the United States and foreign applications when called upon to do so by the assignee, its successors, legal representatives, or assigns. I/We further represent and warrant that I/We have the full right to convey the interest assigned by this assignment, and that I/We have not granted any rights inconsistent with the rights granted herein. I/We further acknowledge an obligation of assignment of this invention to assignee at the time the invention was made and we further irrevocably designate and appoint assignee and its counsel as my/our attorney-in-fact and agent to act for and on my/our behalf to execute and file any document and to do all other lawfully permitted acts to further the purposes of this Agreement with the same legal force and effect as if executed by assignor himself/herself. I/We acknowledge that assignee is the real party in interest to any and all patent applications described in connection with this Agreement, and to any and all patent rights granted thereon.

As the below named inventor I hereby declare that:

This Assignment with Declaration is directed to: The attached application, or
 United States Application or PCT International Application
 Number **PCT/US18/50640** filed on **September 12, 2018**
 (Confirmation No. **9556**).

The application is entitled: **Sliding Syringe Cap for Separate Filling and Delivery**

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

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

I have reviewed and understand the contents of the application and I am aware of the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 CFR 1.56.

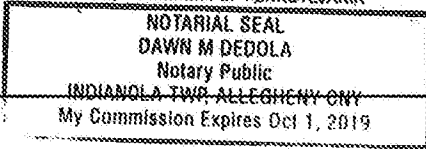
I hereby acknowledge that any willful false statement made in this Assignment with Declaration is punishable under 18 USC 1001 by fine or imprisonment of not more than five (5) years, or both.

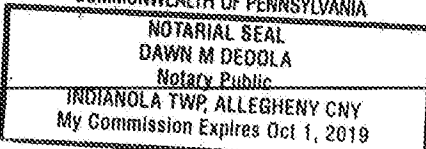
Authorization To Permit Access To Application by Participating Office

If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Office (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, KIPO, or other intellectual property office in which a foreign application claiming priority to the above-identified application is filed to have access to the application.

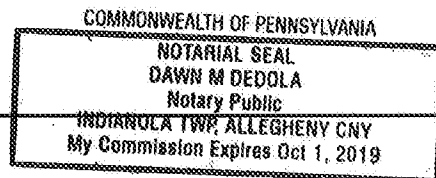
In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the application-as-filed with respect to: 1) the above-identified patent application-as-filed, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified patent application, and 3) any U.S. application-as-filed from which benefit is sought in the above-identified patent application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Office.

NAME OF SOLE OR FIRST INVENTOR:			
Given Name (first and middle [if any]): Kevin		Family Name or Surname: Cowan	
Inventor's signature <i>Kevin Cowan</i>		Date <i>10 Oct 2018</i>	
Residence: City: Allison Park	State: PA	Country: U.S.	Citizenship: US
Mailing Address: 4242 Estates Court, Allison Park, PA 15101 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Kevin Cowan , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <i>10</i> day of <i>Oct</i> , <i>2018</i>			
Notary Public Signature <i>Dawn M Dedola</i>		Notary Public Printed Name: <i>Dawn M. Dedola</i>	
[seal]		[stamp]	

NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any]): Michael		Family Name or Surname: Spohn	
Inventor's signature <i>Michael Spohn</i>		Date <i>Oct 10 2018</i>	
Residence: City: Fenelton	State: PA	Country: U.S.	Citizenship: US
Mailing Address: 2814 Old Route 422 East, Fenelton, PA 16034 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Michael Spohn , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <i>10</i> day of <i>Oct</i> , <i>2018</i>			
Notary Public Signature <i>Dawn M Dedola</i>		Notary Public Printed Name: <i>Dawn M. Dedola</i>	
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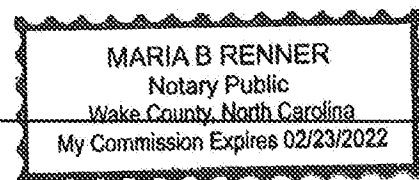
NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any]): Barry		Family Name or Surname: Tucker	
Inventor's signature <i>Barry Tucker</i>		Date <i>10/9/18</i>	
Residence: City: Verona	State: PA	Country: U.S.	Citizenship: US
Mailing Address: 219 McGregor Drive, Verona, PA 15147 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Barry Tucker , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <i>9</i> day of <i>Oct</i> , 20 <i>18</i>			
Notary Public Signature <i>Dawn M Dedola</i>		Notary Public Printed Name: <i>DAWN M. DEDOLA</i>	
[seal]		[stamp]	



NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any]): Matthew		Family Name or Surname: Walker	
Inventor's signature		Date	
Residence: City: Lillington	State: NC	Country: U.S.	Citizenship: US
Mailing Address: 12 East Killiegray Street, Lillington, NC 27546 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Matthew Walker , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this _____ day of _____, 20__.			
Notary Public Signature		Notary Public Printed Name:	
[seal]		[stamp]	

NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any]): Barry		Family Name or Surname: Tucker	
Inventor's signature			Date
Residence: City: Verona	State: PA	Country: U.S.	Citizenship: US
Mailing Address: 219 McGregor Drive, Verona, PA 15147 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Barry Tucker , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this _____ day of _____, 20__.			
Notary Public Signature		Notary Public Printed Name:	
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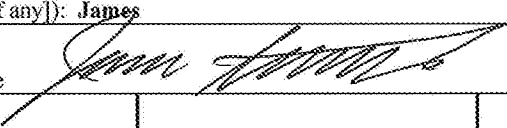
NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any]): Matthew		Family Name or Surname: Walker	
Inventor's signature <i>Matthew Walker</i>			Date 10/16/18
Residence: City: Lillington	State: NC	Country: U.S.	Citizenship: US
Mailing Address: 12 East Killiegray Street, Lillington, NC 27546 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Matthew Walker , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 16th day of October , 20 18 .			
Notary Public Signature <i>Maria B. Renner</i>		Notary Public Printed Name: Maria B. Renner	
[seal]		[stamp]	

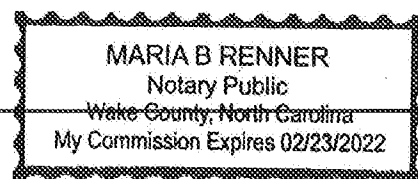


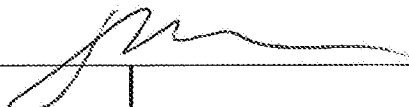
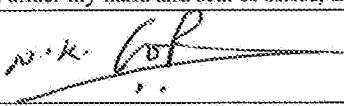
NAME OF FIFTH INVENTOR:			
Given Name (first and middle [if any]): James		Family Name or Surname: Dedig	
Inventor's signature <i>James Dedig</i>		Date 10/18/2018	
Residence: City: Pittsburgh	State: PA	Country: U.S.	Citizenship: US
Mailing Address: 7 Elmhurst Drive, Pittsburgh, PA 15220 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared James Dedig, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 18th day of October, 2018.			
Notary Public Signature <i>Jennifer M. Rae</i>		Notary Public Printed Name: Jennifer M. Rae	
[seal]		[stamp] COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Jennifer M. Rae, Notary Public Indians Twp., Allegheny County My Commission Expires Feb. 26, 2020 <small>NEVER RELEASE AN AFFIDAVIT OR OATH OF NOTARIES</small>	

NAME OF SIXTH INVENTOR:			
Given Name (first and middle [if any]): James		Family Name or Surname: Fentress	
Inventor's signature		Date	
Residence: City: Creedmoor	State: NC	Country: U.S.	Citizenship: US
Mailing Address: 1560 Duck Pond Drive, Apt. B, Creedmoor, NC 27522 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared James Fentress, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this _____ day of _____, 20_____.			
Notary Public Signature		Notary Public Printed Name:	
[seal]		[stamp]	

NAME OF FIFTH INVENTOR:			
Given Name (first and middle [if any]): James		Family Name or Surname: Dedig	
Inventor's signature			Date
Residence: City: Pittsburgh	State: PA	Country: U.S.	Citizenship: US
Mailing Address: 7 Elmhurst Drive, Pittsburgh, PA 15220 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared James Dedig , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this _____ day of _____, 20____.			
Notary Public Signature		Notary Public Printed Name:	
[seal]		[stamp]	

NAME OF SIXTH INVENTOR:			
Given Name (first and middle [if any]): James		Family Name or Surname: Fentress	
Inventor's signature 			Date 16 OCT 2018
Residence: City: Creedmoor	State: NC	Country: U.S.	Citizenship: US
Mailing Address: 1560 Duck Pond Drive, Apt. B, Creedmoor, NC 27522 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared James Fentress , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 16th day of October , 2018			
Notary Public Signature Maria B. Renner		Notary Public Printed Name: Maria B. Renner	
[seal]		[stamp]	



NAME OF SEVENTH INVENTOR:			
Given Name (first and middle [if any]): Joseph Vincent		Family Name or Surname: Ranalletta	
Inventor's signature 		Date 10 OCT 2018	
Residence: City: Greenville	State: SC	Country: U.S.	Citizenship: US
Mailing Address: 121 Rhett Street # 203, Greenville, SC 29601 U.S.			
NOTARIZATION			
BEFORE ME, the undersigned authority, on this day personally appeared Joseph Ranalletta , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this _____ day of _____, 20__.			
Notary Public Signature 		Notary Public Printed Name: N. K. GOR	
[seal]		[stamp] N. K. GOR Notary Public, State of South Carolina My Commission Expires 11/18/2024	