

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6117417

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
BRIAN PATRICK KAVANAGH	11/23/2017
DOREEN ENGELBERTS	11/24/2017
TAKESHI YOSHIDA	11/29/2017
THOMAS LOOI	12/04/2017
PETER ALEXANDER GORDON	12/04/2017
KEVIN AI XIN JUE LUO	12/03/2017
RAMI SAAB	12/04/2017
RECEIVING PARTY DATA	
Name:	THE HOSPITAL FOR SICK CHILDREN
Street Address:	555 UNIVERSITY AVENUE
City:	TORONTO, ON
State/Country:	CANADA
Postal Code:	M5G 1X8
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16766017
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:	21039NP
NAME OF SUBMITTER:	WENDY M. SLADE
SIGNATURE:	/WENDY M. SLADE/
DATE SIGNED:	05/21/2020

Total Attachments: 10

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WORLDWIDE ASSIGNMENTPeter Alexander GORDON AG Alex *ll*

WE, Brian Patrick KAVANAGH, Doreen ENGELBERTS, Takeshi YOSHIDA, Thomas LOOI, Alex GORDON, Kevin AI XIN JUE LUO and Rami SAAB, whose full post office addresses are: 3 Market Street, Toronto, Ontario M5E 0A3, Canada; 650 Lawrence Avenue West, Toronto, Ontario M6A 3E8, Canada; 1-225-3 Kashio, Takarazuka, Hyogo, Japan 665-0054; 13 Fitzroy Avenue, Markham, Ontario L6E 0J4, Canada; 510-30 Charles Street West, Toronto, Ontario M4Y 1R5, Canada; 1207-740 York Mills Road, Toronto, Ontario M3B 1W8, Canada and 86 Prust Avenue, Toronto, Ontario M4L 2M8, Canada, respectively, have invented, **DEVICE FOR PRODUCING CONTINUOUS NEGATIVE ABDOMINAL PRESSURE**, for which the United States Provisional patent application was filed:

Filing Date: November 21, 2017

Serial No. 62/589,285

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 Brian Patrick KAVANAGH, Doreen ENGELBERTS, Takeshi YOSHIDA,

Peter Alexander GORDON

AG

Alex LL

Thomas LOOI, ~~Alex~~ GORDON, Kevin AI XIN JUE LUO and Rami SAAB 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**.

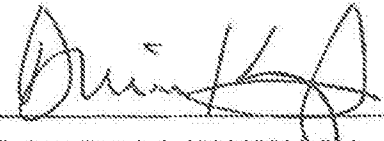
AND WE authorize HILL & SCHUMACHER, Patent and Trademark Agents, of 264 Avenue Road, Toronto, Ontario M4V 2G7, Canada to enter the particulars of the signature and particulars of the Declaration when missing.

This assignment can be signed in counterparts.

[Handwritten signature]

Signed at (city/town) Toronto

This 23 day of November, 2017.

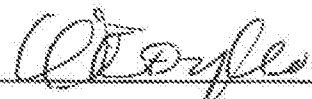

Brian Patrick KAVANAGH

DECLARATION OF WITNESS

I, Katlyn Boyko, whose full post office address
is, 555 University Ave, Toronto, ON M5G 1X8, hereby
declare that I was personally present and did see Brian Patrick KAVANAGH 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 23rd day of November, 2017.


(Signature of Witness)

Signed at (city/town) Toronto, On _____

This 24 day of November, 2017.

Doreen Engelberts

Doreen ENGELBERTS

DECLARATION OF WITNESS

I, Doreen Engelberts, whose full post office address
is, 650 Lawrence Ave West, Toronto M6A3E8 hereby
declare that I was personally present and did see **Doreen ENGELBERTS** 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 Fri day of November 24, 2017.

David Bhattacharya

(Signature of Witness)

Signed at (city/town) Toronto

This 29th day of November, 2017.

Takeshi YOSHIDA

Takeshi YOSHIDA

DECLARATION OF WITNESS

I, Doreen Engelberts, whose full post office address
is, 615 650 Lawrence Ave West, hereby
declare that I was personally present and did see Takeshi YOSHIDA who is personally
known to me to be the person named in the above assignment duly sign and execute
the same.

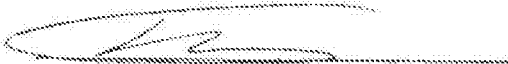
DECLARED at (city/town) Toronto

This 29 day of November, 2017.

D Engelberts
(Signature of Witness)

Signed at (city/town) Toronto

This 4th day of December, 2017.



Thomas LOOI

DECLARATION OF WITNESS

I, Alex Gordon, whose full post office address
is, 4510-30 Charles St W, 1441 RS, Toronto, ON, Canada, 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 4th day of December, 2017.



(Signature of Witness)

Signed at (city/town) Toronto

This 4th day of December, 2017.

Alex G

~~Alex GORDON~~

Peter Alexander GORDON AG Alex G

Alex G

DECLARATION OF WITNESS

Peter Alexander GORDON AG

I, Zuoxin Pan, whose full post office address is, 1619 Dogwood Trail, Mississauga ON, L5G 3A4, hereby declare that I was personally present and did see ~~Alex GORDON~~ 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 4th day of December, 2017.

[Signature]
(Signature of Witness)

Signed at (city/town) Toronto

This 3rd day of December, 2017.



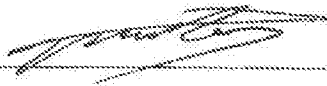
Kevin AI XIN JUE LUO

DECLARATION OF WITNESS

I, Martha Miki, whose full post office address
is, 2702 - 38 Grenville St., hereby
declare that I was personally present and did see Kevin AI XIN JUE LUO 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 03 day of December, 2017.



(Signature of Witness)

Signed at (city/town) Toronto

This 4th day of December, 2017.



Rami SAAB

DECLARATION OF WITNESS

I, Katherine Plewa, whose full post office address
is, 509-35 Brian Peck Cres, Toronto ON M4G0A5, hereby
declare that I was personally present and did see Rami SAAB 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 4 day of December, 2017.



(Signature of Witness)

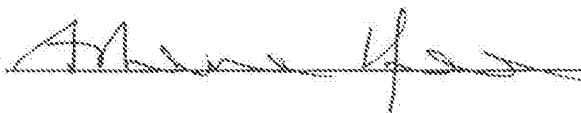
ACCEPTANCE

The Assignee accepts this assignment.

Signed at (city/town) Toronto

This 8 day of December, 2017.

THE HOSPITAL FOR SICK CHILDREN

Signature: 

Name: Arlene Yee, DVM, MSc.

Director, Industry Partnerships & Commercialization

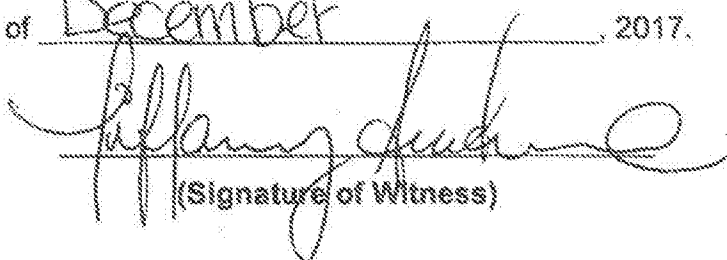
Position: _____

DECLARATION OF WITNESS

I, TIFFANY ANDERSON, whose full post office address
is, 686 Bay St Toronto, ON M5G 0A4, 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 8 day of December, 2017.


(Signature of Witness)