

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
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EPAS ID: PAT6141617

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
KATHRYN LOUISE LAMERTON	04/03/2017
MICHAEL JOHN SMITH	04/04/2017
PHILLIP EVANS	04/03/2017
KRISTINA SWANN	03/15/2018
RECEIVING PARTY DATA	
Name:	GE HEALTHCARE UK LIMITED
Street Address:	AMERSHAM PLACE, LITTLE CHALFONT
City:	BUCKINGHAMSHIRE
State/Country:	UNITED KINGDOM
Postal Code:	HP7 9NA
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16499504
CORRESPONDENCE DATA	
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<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) 712-8531
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Address Line 1:	8201 GREENSBORO DRIVE
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ATTORNEY DOCKET NUMBER:	0051-0014US1
NAME OF SUBMITTER:	CYNTHIA M BOUCHEZ
SIGNATURE:	/Cynthia M. Bouchez #47,438/
DATE SIGNED:	06/08/2020
Total Attachments: 6	
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source=0051-0014US1 - Inventor to GE Healthcare UK Limited#page6.tif

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

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

This declaration and assignment are directed to:

**IMPROVEMENTS IN AND RELATING TO MAGAZINES FOR
HOLDING PLURAL FLAT CARDS**

- the specification of which is attached hereto OR
- United States application of PCT international application number
16/499,504 filed on 30 September 2019, 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 or any of its affiliates, 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
Kathryn	Louise	LAMERTON	of	Cardiff	South Wales	UK
Michael	John	SMITH	of	Cardiff	South Wales	UK
Phillip		EVANS	of	Cardiff	South Wales	UK
Kristina		SWANN	of	Cardiff	South Wales	UK

hereby sell and assign to:

Name of Company: GE Healthcare UK Limited
Entity Type (optional):
Address: Amersham Place, Little Chalfont HP7 9NA, Buckinghamshire United Kingdom

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

Country of Filing	Type of Filing	Application Number	Filing Date	Title
GB	PRI	1705176.4	31MAR2017	IMPROVEMENTS IN AND RELATING TO MAGAZINES FOR HOLDING PLURAL FLAT CARDS

(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

Signature: [Handwritten Signature]
Kathryn Louise LAMERTON

Date: 03 April 2017

Witnessed by: [Handwritten Signature]
Signature

Date: 03/04/2017

MARTINA LORENZETTI
Printed Name of Witness

Witnessed by: [Handwritten Signature]
Signature

Date: 03 April 2017

MAL. HATCHER
Printed Name of Witness

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

Inventor Name: Kathryn Louise LAMERTON Date: _____

STATE OF

ss.

COUNTY OF

This _____ day of _____, _____ before me personally came the above-named Kathryn Louise LAMERTON, 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)

318460

INVENTOR

Signature: MSM
Michael John SMITH

Date: 4TH APRIL 17

Witnessed by: JR
Signature

Date: 4 APRIL 17

JAMES RILEY
Printed Name of Witness

Witnessed by: SC
Signature

Date: 4 APRIL 17

STUART CHISHOLM
Printed Name of Witness

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

Inventor Name: Michael John SMITH Date: _____

STATE OF _____
COUNTY OF _____ ss.

This _____ day of _____, _____ before me personally came the above-named **Michael John SMITH**, 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

Signature: Phillip Evans
Phillip EVANS

Date: 3 APR 2017

Witnessed by: [Signature]
Signature

Date: 3 APRIL 2017

MAIR DAVIES
Printed Name of Witness

Witnessed by: J. Cowan
Signature

Date: 3 APRIL 2017

JIMMY COWAN
Printed Name of Witness

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

Inventor Name Phillip EVANS

Date: _____

STATE OF _____

ss.

COUNTY OF _____

This _____ day of _____, _____ before me personally came the above-named Phillip EVANS, 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

Signature: [Handwritten Signature]

Date: 15th March 2018

Kristina SWANN

Witnessed by: [Handwritten Signature]
Signature

Date: 15th March 2018

Kirk Scott
Printed Name of Witness

Witnessed by: _____
Signature

Date: _____

Printed Name of Witness

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

Date: _____

Inventor Name Kristina SWANN

STATE OF

ss.

COUNTY OF

This _____ day of _____ before me personally came the above-named **Kristina SWANN**, 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)