

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
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EPAS ID: PAT6209917

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	John Arrizza	06/08/2015
RECEIVING PARTY DATA		
Name:	Fresenius Medical Care Holdings, Inc.	
Street Address:	920 Winter Street	
Internal Address:		
City:	Waltham	
State/Country:	MA	
Postal Code:	02451-1457	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	16933664
CORRESPONDENCE DATA		
Fax Number:	(877)769-7945	
<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>		
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Email:	apsi@fr.com	
Correspondent Name:	JAMES H. RICHARD	
Address Line 1:	FISH & RICHARDSON P.C.	
Address Line 2:	P.O.BOX 1022	
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ATTORNEY DOCKET NUMBER:	18196-0218006	
NAME OF SUBMITTER:	LAKEISHA BRYANT	
SIGNATURE:	/Lakeisha Bryant/	
DATE SIGNED:	07/21/2020	
Total Attachments: 2		
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source=Assignment-18196-0218xxx#page2.tif		

ASSIGNMENT

For valuable consideration, the receipt of which I acknowledge, and intending to be bound legally, I, JOHN ARRIZZA, assign to FRESENIUS MEDICAL CARE HOLDINGS, INC., a corporation formed under the laws of ^{AB}New York and having a principal place of business at 920 Winter St., Waltham, MA 02451-1457, and its successors, transferees, and assignees (collectively the "Assignee"), all of my right, title, and interest throughout the world in the subject matter (the "Subject Matter") of a patent application that names me as inventor, is titled "ASSOCIATING DIALYSIS ACCESSORIES USING NEAR FIELD COMMUNICATION", and was filed in the United States Patent and Trademark Office on March 6, 2015, as application 14/640,364 (the "Application").

This Assignment assigns (a) the Application and all other applications that may be made for, and all patents, utility models, design registrations, and other rights of exclusion and inventors' certificates for, any of the Subject Matter (collectively the "Applications and Granted Rights") in every country or region, (b) the right to claim priority based on and the benefit of the filing date of any of the Applications and Granted Rights under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other applicable treaties or conventions, and (c) the right to pursue, collect, and retain in the Assignee's name or otherwise, damages and any other remedies arising from any past, present, or future infringement of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment.

I authorize the Assignee to apply for and pursue protection for any or all of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment in all countries, regions, and territories of the world, in my name or in the Assignee's name.

I represent and warrant that I have the right and power to make this Assignment and that I have not made and will not make any other assignment that conflicts with this Assignment.

I will communicate to the Assignee (or at the request of the Assignee to other parties) all known facts in any form relating to the Subject Matter, will execute and provide all oaths and declarations, statements, testimony, assignments, powers of attorney, applications, and documents, and will perform all other lawful acts necessary or desirable to secure fully to the Assignee the rights, titles, and interests assigned by this Assignment.

John Arrizza
John Arrizza

DATE: June 8/2015

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

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