

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6175981

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	THOMAS WEWERS	06/25/2020
	SVEN WERMERS	06/25/2020
RECEIVING PARTY DATA		
Name:	EPRO GMBH	
Street Address:	JÖEBKESWEG 3	
City:	GRONAU	
State/Country:	GERMANY	
Postal Code:	48599	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	16914647
CORRESPONDENCE DATA		
Fax Number:	(865)523-4478	
<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:	865-546-4305	
Email:	cwilliams@Luedeka.com	
Correspondent Name:	LUEDEKA NEELY GROUP, P.C.	
Address Line 1:	P O BOX 1871	
Address Line 4:	KNOXVILLE, TENNESSEE 37901	
ATTORNEY DOCKET NUMBER:	74742.US	
NAME OF SUBMITTER:	MARK P. CROCKETT	
SIGNATURE:	/MarkPCrockett/	
DATE SIGNED:	06/29/2020	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 3		
source=74742us-topto-20200629-OathForFiling#page1.tif		
source=74742us-topto-20200629-OathForFiling#page2.tif		
source=74742us-topto-20200629-OathForFiling#page3.tif		

DECLARATION

As a below named inventor, I declare that this declaration is directed to the patent application entitled
 Compression of Machine Health Data

having application serial number _____, filed on _____ (the Application). The Application was made or 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 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 years, or both. I grant authority to any receiving intellectual property office to provide access to the Application to any other intellectual property office in which an application claiming priority to the Application is filed.

POWER OF ATTORNEY

I appoint the practitioners associated with the customer number, firm, and practitioner named below as my attorney to prosecute this Application and any other applications based thereon and to transact all business in connection therewith, including to make and receive payments, and request that all correspondence be directed to the customer number or addresses below:

Customer number:	00408 --> Luedeka Neely Group, P.C.
Law Firm:	Luedeka Neely Group, P.C.
Attn:	Mark P. Crockett, Esq.
Mail:	PO Box 1871, Knoxville, TN 37901
Email:	mcrockett@luedeka.com
Attorney docket:	74742.US

I grant the above-referenced practitioners the power to insert on this document any further information that may be necessary or desirable to comply with the rules of any relevant governmental office for the recordation of this document.

This document ☒ does ☐ does not include an assignment.

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I do hereby sell, assign, and transfer to:

epro GmbH
 Jöebkesweg 3, Gronau Germany 48599

and its successors, assigns, and legal representatives (collectively referred to as "Assignee"), the entire worldwide right, title and interest in and to any and all inventions that are disclosed in the Application, and in and to the Application and all applications that have been or shall be filed based thereon; and in and to all rights of priority resulting from the filing of such applications. The Assignee may apply for and receive Letters Patent in its own name.

I will carry out in good faith the intent and propose of this assignment; execute all patent applications based on this Application; execute all needed documents; communicate to the Assignee all facts known to me relating to the invention and the history thereof; do whatever is necessary to secure and maintain patent protection for the invention and vest title to the invention and all applications and patents thereon in the Assignee. I have not made any assignment or other encumbrance or agreement affecting the rights and property herein conveyed, and I possess the full right to convey such rights and property.

I hereby authorize the attorneys named herein to accept and follow the instructions of the Assignee as to any action to be taken regarding this Application without direct communication between the attorneys and myself. I hereby waive any right to revoke such power of attorney and appoint substitute attorneys, and grant all such powers to the Assignee.

SIGNATURE BLOCK FOR INVENTOR



Thomas Wewers

Witness Signature

Witness Address:

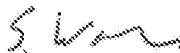
25.06.2020

Date

Witness Name

Inventor Residence: Cohaus Esch 21, Stadtlohn, Gronau Germany 48703
Inventor Mailing Address: Cohaus Esch 21, Stadtlohn, Gronau Germany 48703
Inventor Citizenship: DE

SIGNATURE BLOCK FOR INVENTOR

		
_____ Sven Werners	_____ Witness Signature	Witness Address: _____ _____
_____ 25.06.2020	_____ Witness Name	
Date		

Inventor Residence:	In den Kampen 33, Gronau Germany 48599
Inventor Mailing Address:	In den Kampen 33, Gronau Germany 48599
Inventor Citizenship:	DE