506260524 09/18/2020

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6307270

SUBMISSION TYPE:		NEW ASSIGNMENT		
NATURE OF CONVEYANCE:		ASSIGNMENT		
CONVEYING PARTY D	ΔΤΑ			
		Name	Execution Date	
ERIK SCOTT SHAUVER			08/17/2016	
THOMAS F. FANGROW			08/17/2016	
RECEIVING PARTY D	ΑΤΑ			
Name:		ICU MEDICAL, INC.		
Street Address:	951 CAL	51 CALLE AMANECER		
City:	SAN CLI	SAN CLEMENTE		
State/Country:	CALIFO	LIFORNIA		
Postal Code:	92673			
Property Type		Number		
Application Number:	2	9695207		
Application Number: Application Number:	2			
Application Number: Application Number: CORRESPONDENCE	2 2 DATA	9695207		
Application Number: Application Number: CORRESPONDENCE Fax Number: Correspondence will I	DATA (Stepsent to a	29695207 29722642		
Application Number: Application Number: CORRESPONDENCE Fax Number: <i>Correspondence will I using a fax number, if</i> Phone:	DATA (§ be sent to a f provided; 9	29695207 29722642 949)760-9502 <i>the e-mail address first; if that is unsuccess</i> <i>if that is unsuccessful, it will be sent via U</i> 949-760-0404		
Application Number: Application Number: CORRESPONDENCE Fax Number: <i>Correspondence will I using a fax number, if</i> Phone: Email:	DATA (S be sent to f provided; 9 e	29695207 29722642 949)760-9502 the e-mail address first; if that is unsuccess if that is unsuccessful, it will be sent via U 949-760-0404 ofiling@knobbe.com		
Application Number: Application Number: CORRESPONDENCE Fax Number: Correspondence will I using a fax number, if Phone: Email: Correspondent Name:	DATA (9 be sent to f provided; 9 e : K	29695207 29722642 949)760-9502 the e-mail address first; if that is unsuccess if that is unsuccessful, it will be sent via U 49-760-0404 filing@knobbe.com KNOBBE, MARTENS, OLSON & BEAR LLP.		
Application Number: Application Number: CORRESPONDENCE Fax Number: <i>Correspondence will I using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1:	DATA (Se sent to a provided; 9 e : K 2	29695207 29722642 2949)760-9502 2949)760-9502 2949-760-0404 2049-760-0404 2049-760-0404 2049-760-0404 2040 MAIN STREET, 14TH FL.		
Application Number: Application Number: CORRESPONDENCE Fax Number: <i>Correspondence will I using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1:	DATA (Se sent to a provided; 9 e : K 2	29695207 29722642 949)760-9502 the e-mail address first; if that is unsuccess if that is unsuccessful, it will be sent via U 49-760-0404 filing@knobbe.com KNOBBE, MARTENS, OLSON & BEAR LLP.		
Application Number: Application Number: CORRESPONDENCE Fax Number: <i>Correspondence will I using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 4:	2 DATA (§ be sent to f provided; 9 e : K 2 If	29695207 29722642 2949)760-9502 2949)760-9502 2949-760-0404 2049-760-0404 2049-760-0404 2049-760-0404 2040 MAIN STREET, 14TH FL.		
Application Number: Application Number: CORRESPONDENCE Fax Number: Correspondence will I using a fax number, if Phone: Email: Correspondent Name: Address Line 1: Address Line 4:	2 DATA (§ be sent to f provided; 9 e :	29695207 29722642 29722642 2949)760-9502 2949)760-9502 2949-760-0404 2949-760-0404 2949-760-0404 2949-760-0404 2949-760-0404 2949-760-0404 2949-760-0404 2940 2040 MAIN STREET, 14TH FL. 2040 MAIN STREET, 14TH FL. 2040 MAIN STREET, 14TH FL.		
Application Number: Application Number: CORRESPONDENCE Fax Number: Correspondence will I using a fax number, if Phone: Email: Correspondent Name: Address Line 1:	2 DATA (§ be sent to f provided; 9 e :	29695207 29722642 949)760-9502 the e-mail address first; if that is unsuccess if that is unsuccessful, it will be sent via U 49-760-0404 ofiling@knobbe.com KNOBBE, MARTENS, OLSON & BEAR LLP. 2040 MAIN STREET, 14TH FL. RVINE, CALIFORNIA 92614 ICUMM.641DD1 / 641DD2		

Total Attachments: 4

source=2020-09-16 Executed Assignment- ICUMM.641DD2#page1.tif source=2020-09-16 Executed Assignment- ICUMM.641DD2#page2.tif source=2020-09-16 Executed Assignment- ICUMM.641DD2#page3.tif source=2020-09-16 Executed Assignment- ICUMM.641DD2#page4.tif

COMBINED DECLARATION & ASSIGNMENT (37 CFR 1.63(e))

Application Data Sheet filed previously or concurrently

Docket No.: ICUMM.641DA

Page 1 of 4

Title: MEDICAL FLUID TRANSFER SYSTEM

Inventors: Erik Scott Shauver and Thomas F. Fangrow

Declaration

This Declaration is directed to the application identified above that:

Was filed July 19, 2016 as U.S. or International Application No. 29/571,547 and incorporating any amendments made thereto prior to the signature date of this Declaration.

As a named inventor, I declare that:

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

I believe that I am the original inventor or an original joint inventor 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 (5) years, or both.

I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

Assignment from Inventors

WHEREAS, above-identified inventors (individual(s) hereinafter "ASSIGNOR") invented certain new and useful improvements, technology, inventions, developments, ideas, ornamental designs, or discoveries, and hereby assign or are under an obligation to assign to the below identified Assignee the above-titled application (collectively hereinafter referred to as the "Work") for which an application for Letters Patent in the United States (identified above) has been prepared for filing with the United States Patent and Trademark Office (hereinafter the "Application").

AND WHEREAS, ICU Medical, Inc., with its principal place of business at 951 Calle Amanecer, San Clemente, California 92673 (hereinafter the "ASSIGNEE"), desires to acquire the entire right, title, and interest in and to the Application and the Work.

NOW, THEREFORE, for good and valuable consideration of which receipt is hereby acknowledged, ASSIGNOR hereby acknowledges that ASSIGNOR has sold, assigned, transferred and set over, and by these presents does hereby sell, assign, transfer and set over, unto said ASSIGNEE, its successors, legal representatives and assigns, the entire right, title, and interest throughout the world in the Application and the Work, including all Patent Properties filed or issued upon the Application and the Work; where "Patent Properties" include, but are not limited to:

all nonprovisional applications claiming priority to aforementioned provisional(s) and/or the present Application, including, all divisions, continuations, continuations-in-part, and reissues, and all Letters Patent of the United States which may be granted thereon and all reissues and extensions thereof; and

all rights of priority under International Conventions and any related Letters Patent which may hereafter be granted or filed in any country or countries foreign to the United States, all extensions, renewals and reissues thereof.

ASSIGNOR hereby acknowledges the ASSIGNEE as the Applicant for all aforementioned Patent Properties, and authorizes and requests the Commissioner of Patents of the United States, and any Official of any country or countries foreign to the United States, whose duty it is to issue patents on

COMBINED DECLARATION & ASSIGNMENT (37 CFR 1.63(e))

Application Data Sheet filed previously or concurrently

Docket No.: ICUMM.641DA

Page 2 of 4

Title: MEDICAL FLUID TRANSFER SYSTEM

Inventors: Erik Scott Shauver and Thomas F. Fangrow

applications as aforesaid, to issue all related Letters Patent to the ASSIGNEE, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND ASSIGNOR DOES HEREBY sell, assign, transfer, and convey to ASSIGNEE, its successors, legal representatives, and assigns all claims for damages and all remedies arising out of any violation of the rights assigned hereby that may have accrued prior to the date of assignment to ASSIGNEE, or may accrue hereafter, including, but not limited to, the right to sue for, collect, and retain damages for past infringements of said Letters Patent before or after issuance.

AND ASSIGNOR DOES HEREBY covenant and agree that ASSIGNOR will communicate to said ASSIGNEE, its successors, legal representatives and assigns, any facts known to ASSIGNOR respecting the Work, and testify in any legal proceeding, assist in the preparation of any other Patent Property relating to the Application and the Work or any improvements made thereto, sign/execute all lawful papers, authorize the filing of and execute and make all rightful oaths and/or declarations in connection with the Application and the Work including any improvements made thereto, any patent applications filed therefrom, and any continuing application filed from any of the aforementioned applications, and generally do everything possible to aid the ASSIGNEE, its successors, legal representatives and assigns, to obtain and enforce proper patent protection for the Work in all countries.

Legal Name of inventor: Erik Scott Shauver IN TESTIMONY WHEREOF, I hereunto set my hand and seal this <u>17</u> day of <u>AUGUCT</u>. 20 Ja. Signature:

Signature before a Notary is desirable but not required.

COMBINED DECLARATION & ASSIGNMENT (37 CFR 1.63(e))

Application Data Sheet filed previously or concurrently

Docket No.: ICUMM.641DA

Page 3 of 4

Inventors: Erik Scott Shauver and Thomas F. Fangrow

Title: MEDICAL FLUID TRANSFER SYSTEM

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 Many ss. On Multure Frieddy before me, <u>on the Carl Mark</u>, notary public, personally appeared Erik Scott Shauver 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/ber/their signature(s) on the instrument the person(s), or the 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.

[SEAL]



Legal Name of inventor: Thomas F. Fangrow

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this $\frac{17}{20.16}$ day of $\underline{Av_{2v} st}$

Signature: 6-2alach

Notary Signature

Signature before a Notary is desirable but not required.

COMBINED DECLARATION & ASSIGNMENT (37 CFR 1.63(e))

Application Data Sheet filed previously or concurrently

Docket No.: ICUMM.641DA

Page 4 of 4

Title: MEDICAL FLUID TRANSFER SYSTEM

Inventors: Erik Scott Shauver and Thomas F. Fangrow

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 SS. COUNTY OF , notary public, personally On‼ 2 before me.

appeared Thomas F. Fangrow 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 the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Signature

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.

[SEAL]



23809129

RECORDED: 09/18/2020