

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT6333562

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
RICHARD MAMMONE	11/06/2018
RECEIVING PARTY DATA	
Name:	KOIOS MEDICAL, INC.
Street Address:	242 WEST 38TH STREET
Internal Address:	14TH FLOOR
City:	NEW YORK CITY
State/Country:	NEW YORK
Postal Code:	10018
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16324835
CORRESPONDENCE DATA	
Fax Number:	(202)842-7899
<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:	202 842-7853
Email:	lromano@cooley.com
Correspondent Name:	KASSITY L. MAI
Address Line 1:	COOLEY LLP
Address Line 2:	1299 PENNSYLVANIA AVENUE NW
Address Line 4:	WASHINGTON, D.C. 20004
ATTORNEY DOCKET NUMBER:	CLER-005/04US
NAME OF SUBMITTER:	KASSITY L. MAI
SIGNATURE:	/Kassity L. Mai/
DATE SIGNED:	10/02/2020
Total Attachments: 4	
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CONFIRMATORY ASSIGNMENT OF PATENT RIGHTS

Richard MAMMONE (“Assignor”) is an inventor of the subject matter in the following Patent Applications (“the applications”) set forth below, as well as any inventions(s) (“the invention(s)”) disclosed in the applications:

Application No.	Filing Date	Title	Country
62/276,143	January 7, 2016	METHOD AND MEANS OF CAD SYSTEM PERSONALIZATION TO REDUCE INTRAOPERATOR AND INTEROPERATOR VARIATION	United States
15/200,719	July 1, 2016	METHOD AND MEANS OF CAD SYSTEM PERSONALIZATION TO REDUCE INTRAOPERATOR AND INTEROPERATOR VARIATION	United States
15/235,050	August 11, 2016	METHOD AND MEANS OF CAD SYSTEM PERSONALIZATION TO PROVIDE A CONFIDENCE LEVEL INDICATOR FOR CAD SYSTEM RECOMMENDATIONS	United States

WHEREAS, an Assignment was executed by Assignor on August 18, 2016, with respect to the applications and the invention(s) (“the Assignment”);

WHEREAS, the Assignment was recorded with the United States Patent and Trademark Office on August 18, 2016 at Reel/Frame 039473/0989 in the applications;

WHEREAS, the Assignment incorrectly identified ClearView Diagnostics, Inc. as “ClearView Diagnostics Inc.”; and

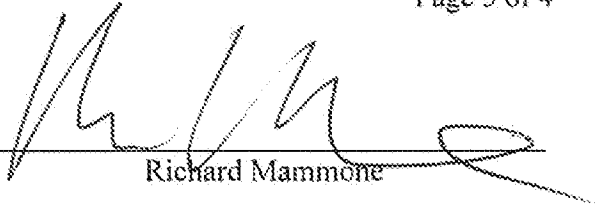
WHEREAS, ClearView Diagnostics, Inc. changed its name to Koios Medical, Inc. on April 26, 2018.

NOW, the Assignor hereby confirms that the Assignor, by the Assignment, previously assigned, transferred, and/or set over to ClearView Diagnostics, Inc. (now Koios Medical, Inc.), and its successors and assigns, the Assignor's entire rights, title and interest in the subject matter and invention(s) disclosed in the applications.

To the extent that the Assignor has retained or not previously assigned, transferred, and/or set over any rights, title and/or interest in the applications and/or the invention(s), the Assignor hereby assigns, transfers, and sets over any such rights, title and/or interest, including the right to sue for past infringement, in the applications and/or the invention(s), including all divisions, continuations, continuations-in-part, renewals, substitutes, reissues, reexaminations, and extensions thereof and patent(s) and/or patent application(s) claiming priority thereto, to Koios Medical, Inc., a corporation duly organized under and pursuant to the laws of Delaware, and having its principal place of business at 500 Seventh Ave., 8th Floor, New York, NY 10018, its successors and assigns.

This Confirmatory Assignment may be recorded in the U.S. Patent & Trademark Office, where it will be open for public inspection.

Date: _____

By: 
Richard Mammone

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 New Jersey)
County of Monmouth) ss.

On November 6, 2018, before me, Deborah Segnan, Notary Public, personally appeared Richard Mammone, 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.

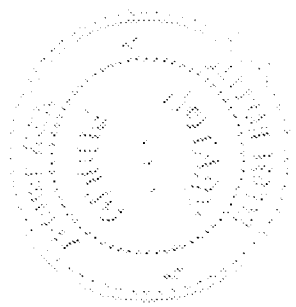
WITNESS my hand and official seal.


Signature of Notary Public

Place Notary Seal Above

My Commission Expires: _____

DEBORAH SEGNAN
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES MAY 27, 2021



For and on behalf of ASSIGNEE:

Date: 11/29/18

By: [Signature]
Name: Graham Anderson
Title: COO/CFO
Company: Koios Medical, Inc.

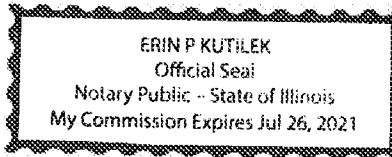
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Illinois)
County of Cook) ss.

On 11/29/18, before me, Erin P. Kutilek, Notary Public, personally appeared Graham Anderson, 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.

WITNESS my hand and official seal.

[Signature]
Signature of Notary Public



Place Notary Seal Above

My Commission Expires: 7/26/21