506402036 12/14/2020

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	

CONVEYING PARTY DATA

Name	Execution Date
EVANTON SOLUTIONS, LLC	12/05/2020

RECEIVING PARTY DATA

Name:	SUSAN PLAUCHE	
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State/Country:	TENNESSEE	
Postal Code:	37923	

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	7137973

CORRESPONDENCE DATA

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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.

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ATTORNEY DOCKET NUMBER:	06003-UPA	
NAME OF SUBMITTER: THOMAS A. KULAGA		
SIGNATURE:	ATURE: /Thomas A. Kulaga/	
DATE SIGNED: 12/14/2020		

Total Attachments: 1

PATENT REEL: 054641 FRAME: 0496

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PATENT REEL: 054641 FRAME: 0497

ASSIGNMENT

Evanton Solutions, LLC, Assignor, a Tennessee Limited Liability Company, domiciled in the County of Knox, Tennessee, for good and valuable consideration, receipt of which is hereby acknowledged, has assigned and does hereby assign to Susan Plauche and Holly Shaw, Assignees, jointly as individuals, domiciled in the County of Knox, Tennessee, and their successors, assigns, and legal representatives, the entire right, title, and interest throughout the world in and to U.S. Patent No. 7,137,973, issued on November 21, 2006, titled:

Post Tumescent Liposuction Absorption Pad Garments

and in and to all patent and all convention and treaty rights of all kinds, in all countries throughout the world, for all such subject matter, including all rights of action and damages for past infringements, the same to be held and enjoyed by the Assignee for its own use and behoof, and for its legal representatives and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by Assignor had this assignment not been made.

I agree to sign all papers necessary to secure all said patent rights, and request issuance of all said patents to the above-identified assignee in accordance with this assignment. I have full authority to act on behalf of the Assignor.

12/05/2020	Chlly Abres
Date	Printed Name: <u>Holly Shaw</u>
	Member Evanton Solutions, LLC
STATE OF Tennessee)
COUNTY OF KIND X) ss.:
personally acquainted (or proved to me on the acknowledged such person to be a Member of	Member of Evanton Solutions, LLC, with whom I am e basis of satisfactory evidence), and who, upon oath, f Evanton Solutions, LLC, the above named Assignor, and within instrument for the purpose therein contained, by C as Member.
Witness my hand, at office, this	ay of December, 20,20.
	Notary Public
My Commission Expires: (1000)	<u>202</u> 7

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RECORDED: 12/14/2020