

PATENT ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

EPAS ID: PAT6475040

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
CORINNE BRIGHT	10/24/2017
KONDAPAVULUR T. VENKATESWARA-RAO	10/24/2017
EMILY STEIN	10/24/2017
RECEIVING PARTY DATA	
Name:	NORTHWIND MEDICAL, INC.
Street Address:	6254 GRAND OAK WAY
City:	SAN JOSE
State/Country:	CALIFORNIA
Postal Code:	95135
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16313856
CORRESPONDENCE DATA	
Fax Number:	(949)760-9502
<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:	9497600404
Email:	efiling@knobbe.com
Correspondent Name:	KNOBBE, MARTENS, OLSON & BEAR,LLP
Address Line 1:	2040 MAIN STREET
Address Line 2:	14TH FLOOR
Address Line 4:	IRVINE, CALIFORNIA 92614
ATTORNEY DOCKET NUMBER:	TLAVI.002NP
NAME OF SUBMITTER:	BRYAN WAHL
SIGNATURE:	/Bryan Wahl/
DATE SIGNED:	12/30/2020
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 5	
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COMBINED DECLARATION & ASSIGNMENT (37 CFR 1.63(e))*Application Data Sheet filed previously or concurrently*

Docket No.: NCEPT.007WO

Page 1 of 5

Title: TREATMENT OF SEPSIS AND RELATED INFLAMMATORY CONDITIONS BY LOCAL NEUROMODULATION OF THE AUTONOMIC NERVOUS SYSTEM

Inventors: Corinne Bright, Kondapavulur T. Venkateswara-Rao, and Emily Stein

Declaration

This Declaration is directed to the application identified above that:

Was filed **June 29, 2017** as PCT Application No. **PCT/US2017/40074** 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 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 (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** (individuals 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, **Northwind Medical, Inc.**, a Delaware Corporation, with its principal place of business at 6254 Grand Oak Way, San Jose, CA 95135 (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 provisional applications relating thereto (including but not limited to U.S. Provisional Application No. **62/355,889** filed **June 29, 2016**;

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.

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

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Title: TREATMENT OF SEPSIS AND RELATED INFLAMMATORY CONDITIONS BY LOCAL NEUROMODULATION OF THE AUTONOMIC NERVOUS SYSTEM

Inventors: Corinne Bright, Kondapavulur T. Venkateswara-Rao, and Emily Stein

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 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.

COMBINED DECLARATION & ASSIGNMENT (37 CFR 1.63(e))
Application Data Sheet filed previously or concurrently

Docket No.: NCEPT.007WO

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Title: TREATMENT OF SEPSIS AND RELATED INFLAMMATORY CONDITIONS BY LOCAL NEUROMODULATION OF THE AUTONOMIC NERVOUS SYSTEM

Inventors: Corinne Bright, Kondapavulur T. Venkateswara-Rao, and Emily Stein

Legal Name of inventor: Corinne Bright

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 24th day of October, 2017.

Signature: DocuSigned by:
Corinne Bright
D3E90F3791404A9...

Signature before a Notary is desirable but not required.

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 _____ } ss.

On _____, before me, _____, notary public, personally appeared Corinne Bright 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.

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.

Notary Signature

[SEAL]

COMBINED DECLARATION & ASSIGNMENT (37 CFR 1.63(e))
Application Data Sheet filed previously or concurrently

Docket No.: NCEPT.007WO

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Title: TREATMENT OF SEPSIS AND RELATED INFLAMMATORY CONDITIONS BY LOCAL NEUROMODULATION OF THE AUTONOMIC NERVOUS SYSTEM

Inventors: Corinne Bright, Kondapavulur T. Venkateswara-Rao, and Emily Stein

Legal Name of inventor: Kondapavulur T. Venkateswara-Rao

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 24th day of october, 2017.

Signature:  DocuSigned by:
B16C2A4CA048482...

Signature before a Notary is desirable but not required.

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 _____ } ss.

On _____, before me, _____, notary public, personally appeared Kondapavulur T. Venkateswara-Rao 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.

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.

Notary Signature

[SEAL]

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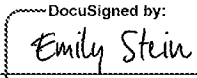
Page 5 of 5

Title: TREATMENT OF SEPSIS AND RELATED INFLAMMATORY CONDITIONS BY LOCAL NEUROMODULATION OF THE AUTONOMIC NERVOUS SYSTEM

Inventors: Corinne Bright, Kondapavulur T. Venkateswara-Rao, and Emily Stein

Legal Name of inventor: Emily Stein

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 24th day of October, 2017.

Signature: 
 DocuSigned by:
Emily Stein
FF6A687A2E944A0...
Signature before a Notary is desirable but not required.

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 _____ } ss.

On _____, before me, _____, notary public, personally appeared Emily Stein 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.

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.

Notary Signature

[SEAL]

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