

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT6511352

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
MICHAEL TURTURRO	11/03/2017
OLIVIA WILCOX	11/03/2017
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	MEDLINE INDUSTRIES, INC.
<b>Street Address:</b>	THREE LAKES DRIVE
<b>City:</b>	NORTHFIELD
<b>State/Country:</b>	ILLINOIS
<b>Postal Code:</b>	60093
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	29767512
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(312)577-7007
<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>	
<b>Phone:</b>	312-577-7000
<b>Email:</b>	jtorres@fitcheven.com
<b>Correspondent Name:</b>	FITCH, EVEN, TABIN & FLANNERY, LLP
<b>Address Line 1:</b>	120 SOUTH LA SALLE STREET
<b>Address Line 2:</b>	SUITE 2100
<b>Address Line 4:</b>	CHICAGO, ILLINOIS 60603-3406
<b>ATTORNEY DOCKET NUMBER:</b>	9262-150791-US
<b>NAME OF SUBMITTER:</b>	CALISTA J. MITCHELL
<b>SIGNATURE:</b>	/Calista J. Mitchell/
<b>DATE SIGNED:</b>	01/22/2021
<b>Total Attachments: 4</b>	
source=150791_CombinedDeclarationAndAssignment#page1.tif	
source=150791_CombinedDeclarationAndAssignment#page2.tif	
source=150791_CombinedDeclarationAndAssignment#page3.tif	
source=150791_CombinedDeclarationAndAssignment#page4.tif	

**COMBINED DECLARATION FOR UTILITY OR DESIGN  
PATENT APPLICATION AND ASSIGNMENT THEREOF**

As a below named inventor, I hereby declare that:

The below-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.

**ENTERAL FEEDING VALVE**

*(Title of Invention)*

the specification of which:

- is attached hereto, or
- was filed by an authorized person on my behalf on as United States Application Number or PCT International Application Number \_\_\_\_\_, and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the filing date of the continuation-in-part application.

I, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign and sell, which confirms any previous assignment by me or by operation of law, to Medline Industries, Inc., an Illinois corporation, having a place of business at Three Lakes Drive, Northfield, Illinois, 60093, United States of America ("Assignee"), its successors, assigns, and legal representatives, the entire right,

title, and interest, in and to all subject matter and improvements invented, made, or conceived by me and described in the application for patent identified above and in and to all patent and all patent convention and treaty rights of all kinds, including the right to claim priority from said application, and all rights in and to any utility model, continuation, continuation-in-part, and divisional application therefrom, and any reissue or re-examination as to any patent issuing therefrom, in all countries throughout the world, for all such subject matter described therein, including all rights of action and rights to recover damages for past infringements.

I agree that on request and without further consideration, I will communicate to the Assignee or its representatives or nominees any facts known to me respecting the inventions and improvements and testify in any legal proceeding, make all rightful oaths, sign all lawful papers, and execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent, utility model, or other similar rights in all countries including, but not limited to, any provisional, non-provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, for any derivation proceedings relating thereto, and, as to any patents that issue from such applications, for any supplemental examination, derivation proceeding, opposition, post grant review, reissue, re-examination, *inter partes* review, or extension thereof, and generally do everything possible to aid the Assignee, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. § 1001 by fine or imprisonment of not more than five (5) years, or both.

Legal Name of Inventor:  
(Given names first, with Family name last)

Michael Turturro

Inventor's Signature:

Michael Turturro

Date:

03 Nov 17

Inventor's Address:

1112 W. Nichols Rd.  
Arlington Heights, Illinois 60004  
US

State of ILLINOIS )

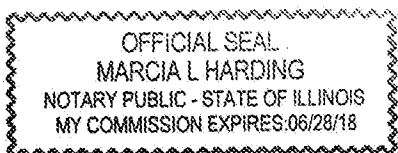
County of COOK ) ss

On November 3, 2017, before me, Marcia L. Harding  
a Notary Public in and for said State, personally appeared MICHAEL TURTURRO,  
personally known by me (or proved to me on the basis of satisfactory evidence) to be  
the person whose name is subscribed to the within instrument and acknowledged to me  
that he executed the same in his authorized capacity, and that by his signature on the  
instrument the person, or the entity upon behalf of which the person acted, executed the  
instrument.

WITNESS my hand and official seal.

Marcia L. Harding  
Notary Public

My Commission Expires: June 28, 2018



Legal Name of Inventor:  
(Given names first, with Family name last)

Olivia Wilcox

Inventor's Signature:

*Olivia Wilcox*

Date:

11-3-17

Inventor's Address:

327 W. Rockland Rd.  
Libertyville, Illinois 60048  
US

State of Illinois )

County of COOK ) ss

On November 3, 2017, before me, Marcia L. Harding, a Notary Public in and for said State, personally appeared OLIVIA WILCOX, personally known by me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

*Marcia L. Harding*  
Notary Public

My Commission Expires: June 28, 2018

