PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6518665

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
MATTHEW P. GEPHART	03/02/2016

RECEIVING PARTY DATA

Name:	PIONEER SURGICAL TECHNOLOGY, INC.	
Street Address:	375 RIVER PARK CIRCLE	
City:	MARQUETTE	
State/Country:	MICHIGAN	
Postal Code:	49855	

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	17158628

CORRESPONDENCE DATA

Fax Number: (312)577-7007

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.

Phone: 3125777000

Email: estocchetti@fitcheven.com
Correspondent Name: ELIZABETH STOCCHETTI

Address Line 1: 120 S LASALLE ST

Address Line 2: SUITE 2100

Address Line 4: CHICAGO, UNITED STATES 60603-3406

ATTORNEY DOCKET NUMBER:	21271-150596-US
NAME OF SUBMITTER:	JONATHAN H. URBANEK
SIGNATURE:	/Jonathan H. Urbanek/
DATE SIGNED:	01/27/2021

Total Attachments: 3

source=137965_ExecutedDeclarationAssignment#page1.tif source=137965_ExecutedDeclarationAssignment#page2.tif source=137965_ExecutedDeclarationAssignment#page3.tif

PATENT 506471889 REEL: 055048 FRAME: 0361

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.			
			BONE COMPRESSION DEVICE AND METHOD
			(Title of Invention)
the specification of which:			
⊠ is attached hereto, or			
was filed by an authorized person on my behalf onas 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 Pioneer Surgical Technology, Inc., a Michigan corporation,			

Page 1 of 3

having its principal place of business at 375 River Park Circle, Marquette, Michigan

49855, 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.

Page 2 of 3

Attorney Docket 7115-137965-US

Legal Name of Inventor: (Given names first, with Family name last)	Matthew P. Gephart	
Inventor's Signature:	11-5	
Date:	3-2-2016	
Inventor's Address:	121 Chocolay River Trail Marquette, Michigan 49855 United Sates of America	
State of Michigan) ss County of Marquette)		
On MARCH 2 2016 before me, John Silvan, a Notary Public in and for said State, personally appeared MATTHEW P. GEPHART, 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.		
Notary Public SOHN SULLIVAN My Commission ExpireNotary public, Marquette County, Michigan My commission expires August 24, 2020		

Page 3 of 3