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PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT6667849

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
THOMAS LOOI	06/12/2020
GRACE YEE YAN LAI	06/12/2020
BRIAN E. WILLIAM HANAK IV	06/12/2020
PASCAL VOYER-NGUYEN	06/12/2020
JAMES DRAKE	06/11/2020

RECEIVING PARTY DATA

Name:	THE HOSPITAL FOR SICK CHILDREN
Street Address:	555 UNIVERSITY AVENUE
City:	TORONTO, ON
State/Country:	CANADA
Postal Code:	M5G 1X8

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	17236246

CORRESPONDENCE DATA

Fax Number: (703)739-9889

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: 703-739-9888

Email: DOWELL@DOWELLPC.COM **Correspondent Name:** DOWELL & DOWELL, P.C.

2560 HUNTINGTON AVE, SUITE 406 Address Line 1:

Address Line 4: ALEXANDRIA, VIRGINIA 22303

ATTORNEY DOCKET NUMBER:	21406
NAME OF SUBMITTER:	WENDY M. SLADE
SIGNATURE:	/WENDY M. SLADE/
DATE SIGNED:	04/21/2021

Total Attachments: 8

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PATENT REEL: 055987 FRAME: 0937

506621042

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WORLDWIDE ASSIGNMENT

WE, Thomas LOOI, Grace Yee Yan LAI, Brian E. William HANAK IV, Pascal VOYER-NGUYEN and James DRAKE, whose full post office addresses are, 38 Beulah Drive, Markham, Ontario L3S 3N2, Canada; 85 Wood Street, Apt. 3015, Toronto, Ontario M4Y 0E8, Canada; 11234 Anderson Street, Loma Linda, California 92354, U.S.; 10765 Avenue Christophe-Columb, Montreal, Quebec H2C 2V5, Canada and 95 Ridge Drive, Toronto, Ontario M4T 1B6, Canada, respectively, have invented, SURGICAL SHUNT ASSEMBLY TOOL, for which the United States Provisional patent application was filed:

Filing Date: April 21, 2020 Serial No. 63/013,037

in consideration of Two Dollars (\$2.00) paid to US, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, WE by these presents confirm that WE have sold, transferred and assigned and do hereby sell. transfer and assign to THE HOSPITAL FOR SICK CHILDREN, ("Assignee"), having offices at, 555 University Avenue, Toronto, Ontario M5G 1X8, Canada, its successors and assigns or nominees, all OUR rights, title and interest in the United States, and all other countries of the world in and to OUR invention as fully described and claimed in the United States patent application, and WE sell, assign and transfer to THE HOSPITAL FOR SICK CHILDREN, all OUR rights to apply for patent on said invention in the United States, and all other countries of the world including any and all full utility applications, divisions, continuations, continuation-in-part, re-examinations, renewals, reissues and/or extensions thereof, any design applications originating therefrom, International PCT patent applications and all national phase applications and all OUR corresponding rights, title and interest in and to any patent which may issue therefor in the United States, and all other countries of the world to have and to hold for THE HOSPITAL FOR SICK CHILDREN's own use and THE HOSPITAL FOR SICK CHILDREN 's successors and assigns as fully and entirely as the same might be enjoyed by Thomas LOOI, Grace Yee Yan LAI, Brian E. William HANAK IV, Pascal VOYER-NGUYEN and James DRAKE if this sale had not been made.

AND WE UNDERTAKE to sign such further documents to effect the aforesaid sale, assignment and transfer as may be required from time to time, without reimbursement, but at the expense of **THE HOSPITAL FOR SICK CHILDREN**.

AND WE authorize HILL & SCHUMACHER, Patent and Trademark Agents, of 264 Avenue Road, Toronto, Ontario M4V 2G7, Canada to enter the filing date and serial number and particulars of the signature and particulars of the Declaration when missing.

This assignment can be signed in counterparts.

Signed at (city/town) _Mark	kham		
This _12thday of _June_		, 202	O.
Thomas LOOI			
	DECLARATION OF WITH	VESS	
I, Frances Leung	whose full post	office address	
is, 13 Fitzroy Avenue, Mar	kham, Ontario, L6E 0J4		, hereby
declare that I was persona	lly present and did see Thor	mas LOOI who	is personally
known to me to be the pers	son named in the above ass	ignment duly si	in and execute
the same.			
DECLARED at (city/town)	Markham		
This 18 day of June		, 2020.	

	(Signature of Witness)		

Grace Yee Yan LAI

DECLARATION OF WITNESS

),	M	/illiam Chu Kwa	n, whose full post o	office address	
is,		2706 - 8	3 Mercer St, Toronto, ON, M5V ()C4	, hereby
	to me		Ily present and did see Grac son named in the above assi		•
DECLA	ARED	at (city/town)	Toronto, Ontario	······································	
This	12	_day of	June	, 2020.	
			Willian Kran		
			(Signature of Witness)	·	

Signed at (city/town) Loma Linda, CA
This 12th day of
<u> </u>
Brian E. William HANAK IV
DECLARATION OF WITNESS
I. <u>Jessica Hourilo</u> , whose full post office address is. <u>19289 Of Ita St. Bloomington CA 92814</u> , hereby declare that I was personally present and did see Brian E. William HANAK IV who is personally known to me to be the person named in the above assignment duly sign and execute the same.
DECLARED at (city/town) Loma Linda CA
This 12 day of June , 2020.
Qusica Asa. (Signature of Witness)

Signed at Montreal

This 12 day of June, 2020.

Pascal VOYER-NGUYEN

DECLARATION OF WITNESS

I, Ngoc-Ha Nguyen, whose full post office address is, 10765 Ave Christophe-Colomb, Montreal, Quebec, Canada H2C2V5 hereby declare that I was personally present and did see **Pascal VOYER-NGUYEN** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at (city/town) Montreal

This 12 day of June, 2020.

(Signature of Witness)

Signed at (city/town)T	oronto	
This11day of3	une	
1) Drake		
James DRAKE		
	DECLARATION O	F WITNESS
I,Seetha Sriharan	, whose fi	ull post office address
is,18 Elm Lea St, Ma	rkham, ON L3P3M7_	, hereby declare that I was
personally present and d	d see James DRAKE	who is personally known to me to be the
person named in the abo	ve assignment duly siç	gn and execute the same.
DECLARED at (city/town)Toronto	
This24day of	une, 2020.	
	R	
	(Signature of Witne	?ss)

ACCEPTANCE

The Assignee accepts this assignment.
Signed at (city/town)TORONTO, ON
This 14 day of June. , 2020.
THE HOSPITAL FOR SICK CHILDREN
Signature:
Name: Ihor Boszko
Position: Executive Director, Industry Partnerships & Commercialization
DECLARATION OF WITNESS I. Manuela Louisy whose full post office address is, 115 NC Malon Drave, Touche ON hereby
declare that I was personally present and did see, Root personally known to me to be the person that has duly signed and executed the
above assignment on behalf of THE HOSPITAL FOR SICK CHILDREN.
DECLARED at (city/town)TORONTO, ON
This It day of June , 2020.
WOL-9
(Signature of Witness)

PATENT REEL: 055987 FRAME: 0946

RECORDED: 04/21/2021