506755961 07/08/2021 PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
AJ CHELINE	07/08/2021
FERGUS MERRITT	02/08/2019
ASHER COHEN	07/08/2021
ELIZABETH BEGIN	07/08/2021
NATHANIEL KEMP	07/08/2021
JASON SPROUL	07/03/2021
BADR ELMAANAOUI	07/08/2021

RECEIVING PARTY DATA

Name:	PHILIPS IMAGE GUIDED THERAPY CORPORATION
Street Address:	3721 VALLEY CENTRE DRIVE
Internal Address:	SUITE 500
City:	SAN DIEGO
State/Country:	CALIFORNIA
Postal Code:	92130

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	14047119

CORRESPONDENCE DATA

Fax Number:	(914)495-9540	
	the e-mail address first; if that is unsuccessful, it will be sent ; if that is unsuccessful, it will be sent via US Mail.	
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ATTORNEY DOCKET NUMBER:	2012P02280US01	
ATTORNET DOCKET NOMBER:	2012F022600501	
NAME OF SUBMITTER:	PATTI DEMICHELE	
SIGNATURE:	/Patti DeMichele/	

DATE SIGNED:	07/08/2021
	This document serves as an Oath/Declaration (37 CFR 1.63).
Total Attachments: 13	•
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	OR DESIGN PATENT API			
Title of Invention	SYSTEM AND METHOD FO	ON INSTANT AND	AUTOMATIC BORD	ER DETECTION
his statem	ent is directed to:			
The att	ached application,			
OR				
United	States application or PCT internationa	l application number	4047119filed or	October 7, 2013
EGAL NA	ME of inventor to whom this su	bstitute statement ap	plies:	
	Name (first and middle (if any)) and F	amily Name or Surname)	
AJ CHE				
tesidence (except for a deceased or legally incap	acitated inventor):		
Sac	ramento	State CA	Country	
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complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Circumstances permitting execution of this substitute statement:	
Inventor is deceased,	
Inventor is under legal incapacity,	
Inventor cannot be found or reached after diligent effort, or	
Inventor has refused to execute the oath or declaration under 37 CFF	R 1.63.
If there are joint inventors, please check the appropriate box below:	
An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equiva or is currently submitted.	lent) naming the entire inventive entity has been
OR	
An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equiva Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the information is attached. See 37 CFR 1.64(b).	
WARNING:	
Petitioner/applicant is cautioned to avoid submitting personal information in docu contribute to identity theft. Personal information such as social security numbers (other than a check or credit card authorization form PTO-2038 submitted for pa to support a petition or an application. If this type of personal information is inclu- petitioners/applicants should consider redacting such personal information from USPTO. Petitioner/applicant is advised that the record of a patent application is application (unless a non-publication request in compliance with 37 CFR 1.213(a patent. Furthermore, the record from an abandoned application may also be av referenced in a published application or an issued patent (see 37 CFR 1.14). C PTO-2038 submitted for payment purposes are not retained in the application fill	s, bank account numbers, or credit card numbers yment purposes) is never required by the USPTO uded in documents submitted to the USPTO, the documents before submitting them to the available to the public after publication of the a) is made in the application) or issuance of a ailable to the public if the application is hecks and credit card authorization forms
PERSON EXECUTING THIS SUBSTITUTE STATEMENT:	
_{Name:} Joseph Innamorati	Date (Optional): 7-8-21
Signature: Joseph Annamorati	
APPLICANT NAME AND TITLE OF PERSON EXECUTING THIS SUBSTITUT If the applicant is a juristic entity, list the applicant name and the title of the signed	******
PHILIPS IMAGE GUIDED THERAPY CORPO Applicant Name:	
Title of Person Executing This Substitute Statement: Authorized Signatory; Senior Director	r, Legal Department
The signer, whose title is supplied above, is authorized to act on behalf of the a	pplicant.
Residence of the signer (unless provided in an application data sheet, PTC City Stamford State CT	D/AIA/14 or equivalent):
Mailing Address of the signer (unless provided in an application data she 1600 Summer Street	-
	zip 06905 Country US
Note: Use an additional PTO/AIA/02 form for each inventor who is deceased, le after diligent effort, or has refused to execute the oath or declaration under 37 C	

U.S.A. Sole/Joint

ASSIGNMENT & DECLARATION

Docket No. 2012P02280 US01

For good and valuable consideration, of which I/we acknoledge receipt, I/we as a below-named Assignor(s) or Inventor, hereby sell, and assign, and transfer the entire and exclusive right, title, and interest in the following to Philips Image Guided Therapy Corporation, having a place of business at 3721 Valley Centre Drive, Suite 500, San Diego, CA 92130, its successors, assigns and legal representatives, including any nominees (collectively "the Assignee") our invention: "SYSTEM AND METHOD FOR INSTANT AND AUTOMATIC BOADER DETECTION

for which an application:

is executed concurrently herewith

x was filed on 7 October 2013, having a United States Application No. 14/047119

was filed on ***, having an International Application No. ***,

and all rights in and to said application, and all other United States, foreign and international patent applications associated therewith, based thereon, or claiming priority therefrom including, but not limited to, any and all provisionals, non-provisionals divisions, continuations, continuations-in-part, re-examinations, reissues, and extensions thereof, and the right to claim priority therefrom including but not limited to, any and all provisionals, non-provisionals divisions, continuations, continuations-in-part, re-examinations, reissues, and extensions thereof, and the right to claim priority thereto, and the entire and exclusive right, title, and interest in and to any and all patents granted on these applications.

I/We authorize and request that the Patent Office officials in the United States and in any and all foreign countries to issue any and all Letters Patent when granted, solely to the Assignee(s), for its sole use, and that of its successors, assigns, and legal representatives.

I/We will provide my/our cooperation to enable the Assignee to enjoy the foregoing right, title, and interest to the fullest extent. Upon request at the expense of the Assignee, I/we agree to execute all papers, take all rightful oaths, testify in all legal proceedings including patent prosecution actions and infringement actions, and do all other such acts which may be necessary, desirable, or convenient for securing and maintaining patents on the foregoing invention or for perfecting title thereto in the Assignee.

I/We certify that I/we have the full right to convey the above rights.

As a below-named inventor, I hereby declare that the above-identified application was made or authorized to be made by me, and 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 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

Date:	Signature:	, Assignor/Inventor
Date: <u>~-8-19</u>	AJ-CHELINE Signaturer Fergus MERRITT	, Assignor/inventor
Date:	Signature: Asher COHEN	, Assignor/inventor
Date:	Signature: Elizabeth BEGIN	, Assignor/inventor

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	STITUTE STATEMENT IN OR DESIGN PATENT AP			
Title of Invention	SYSTEM AND METHOD F	ON INSTANT AND	AUTOMATIC BORDE	ER DETECTION
This stateme	ent is directed to:			
The att	ached application,			
OR				
United	States application or PCT internationa	l application number	4047119filed on	October 7, 2013
EGAL NA	ME of inventor to whom this su	bstitute statement ap	plies:	
	Name (first and middle (if any)) and F	amily Name or Surname)		
	COHEN			
Residence (except for a deceased or legally incap	acitated inventor):		
San	Francisco	State CA	Country	
********************	Francisco	State CA	_{zip} 94110	_{Country} US
believe the	above-named inventor or joint invent plication.			
	dentified explication was made as out	horized to be made by me	a	
The above-	dentified application was made or aut	nonzed to be made by me		
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SUBSTITUTE STATEMENT				
Circumstances permitting execution of this su	bstitute statement:			
Inventor is deceased,				
Inventor is under legal incapacity,				
Inventor cannot be found or reached	after diligent effort, or			
Inventor has refused to execute the o	oath or declaration under 37 CF	FR 1.63.		
If there are joint inventors, please check the a	appropriate box below:			
An application data sheet under 37 C or is currently submitted.	CFR 1.76 (PTO/AIA/14 or equiv	alent) naming the enti	re inventive entity has been	
OR				
An application data sheet under 37 C Statement Supplemental Sheet (PTC information is attached. See 37 CFR	D/AIA/11 or equivalent) naming			
	WARNING:	******		
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PERSON EXECUTING THIS SUBSTITUTE ST	ATEMENT:			
Name: Joseph Innamorati			Date (Optional): 7-8-21	
Signature: Joseph Annamor				
APPLICANT NAME AND TITLE OF PERSON If the applicant is a juristic entity, list the applica				
	DED THERAPY CORPO			
Title of Person Executing This Substitute Statement: Authorized Signatory; Senior Director, Legal Department The signer, whose title is supplied above, is authorized to act on behalf of the applicant.				
Residence of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent):				
City Stamford State CT Country US				
Mailing Address of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent) 1600 Summer Street				
cityStamford	State CT	_{Zip} 06905	Country US	
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Title of Invention	SYSTEM AND METHOD FO	OR INSTANT AND	AUT	OMTIC BORDER	RDETECTION
This stateme	ent is directed to:		0000000000000		
The att	ached application,				
OR					
United S	States application or PCT international	application number	1/04	47,119 filed on	October 7, 2013
	ME of inventor to whom this sul	bstitute statement ap	plies:		
(<i>E.g</i> ., Given	Name (first and middle (if any)) and F	amily Name or Surname)			
Elizabe	th BEGIN				
Residence (except for a deceased or legally incapa	acitated inventor):			
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393 TRE	BLE COVE ROAD				
_{Dity} BILI	LERICA	State MA		_{zip} 01862	_{Country} US
in the ap	e above-named inventor or joint invento plication. identified application was made or auth	-		an original joint invento	r of a claimed invention
	knowledge that any willful false statem ment of not more than five (5) years, o		ıt is pu	nishable under 18 U.S	.C. 1001 by fine or
Relationsh	ip to the inventor to whom this substitu	ite statement applies:			
	egal Representative (for deceased or le	egally incapacitated inver	tor on	Iv).	
	ssignee,				
	erson to whom the inventor is under ar	n obligation to assign,			
	erson who otherwise shows a sufficien		e matt	er (petition under 37 C	FR 1.46 is required), or
Jo	bint Inventor.				
Jo	bint Inventor.	[Page 1 of 2]			

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SUBSTITUTE STATEMENT				
Circumstances permitting execution of this sub	ostitute statement:			
Inventor is deceased,				
Inventor is under legal incapacity,				
Inventor cannot be found or reached	after diligent effort, or			
Inventor has refused to execute the c	oath or declaration under 37	CFR 1.63.		
If there are joint inventors, please check the a	ppropriate box below:			
An application data sheet under 37 C or is currently submitted.	FR 1.76 (PTO/AIA/14 or ec	uivalent) naming the enti	re inventive entity has been	
OR An application data sheet under 37 C Statement Supplemental Sheet (PTC information is attached. See 37 CFR	D/AIA/11 or equivalent) nam			
	WARNING:			
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PERSON EXECUTING THIS SUBSTITUTE ST	ATEMENT:			
Name: Joseph Innamorati			Date (Optional): 7-8-21	
Signature: Joseph Annamorat				
	*****		*****	
If the applicant is a juristic entity, list the applica PHILIPS IMAGE GUIE		-		
Applicant Name:				
Title of Person Executing This Substitute Statement: Authorized Sig	natory; Senior Dire	ctor, Legal Depart	ment	
The signer, whose title is supplied above, is authorized to act on behalf of the applicant.				
Residence of the signer (unless provided in	an application data sheet	, PTO/AIA/14 or equival	ent):	
city Stamford	State CT	$_{\text{country}} US$		
Mailing Address of the signer (unless provided)		sheet, PTO/AIA/14 or e	quivalent)	
1600 Summer Street				
cityStamford	State CT	_{zip} 06905	Country US	
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his statem	ent is directed to:		****		
The att	ached application,				
OR					
United	States application or PCT internation	al application number	404	/119_filed on	October 7, 2013
EGAL NA	ME of inventor to whom this s	ubstitute statement a	pplies:		
	Name (first and middle (if any)) and	Family Name or Surnam	e)		
	iel KEMP				
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Circumstances permitting execution of this subs	stitute statement:			
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Inventor is under legal incapacity,				
Inventor cannot be found or reached a	ifter diligent effort, or			
Inventor has refused to execute the oa	ath or declaration under 37 Cl	FR 1.63.		
If there are joint inventors, please check the ap	propriate box below:			
An application data sheet under 37 CF or is currently submitted.	FR 1.76 (PTO/AIA/14 or equiv	alent) naming the entir	re inventive entity has been	
OR				
An application data sheet under 37 CF Statement Supplemental Sheet (PTO/ information is attached. See 37 CFR 1	AIA/11 or equivalent) naming			
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PERSON EXECUTING THIS SUBSTITUTE STA	TEMENT:			
_{Name:} Joseph Innamorati			Date (Optional): 7-8-21	
Signature: Joseph Annamora				
APPLICANT NAME AND TITLE OF PERSON E				
If the applicant is a juristic entity, list the applican PHILIPS IMAGE GUID	-			
Applicant Name:				
Title of Person Executing This Substitute Statement: Authorized Sigi	natory; Senior Directo	or, Legal Departi	ment	
The signer, whose title is supplied above, is authorized to act on behalf of the applicant.				
Residence of the signer (unless provided in a	in application data sheet, P	O/AIA/14 or equivale	ent):	
city Stamford	State CT	_{Country} US		
Mailing Address of the signer (unless provid			quivalent)	
1600 Summer Street				
		Zip 06905	Country	
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after diligent effort, or has refused to execute the	[Page 2 of 2]	UFR 1.03.		

U.S.A. Sole/Joint

For good and valuable consideration, of which I/we acknowledge receipt, I/we as a below-named Assignor(s) or Inventor, hereby sell, and assign, and transfer the entire and exclusive right, title, and interest in the following to Philips Image Guided Therapy Corporation, having a place of business at 3721 Valley Centre Drive, Suite 500, San Diego CA 92130, its successors, assigns, and legal representatives, including any nominees (collectively "the Assignee") my/our invention: "SYSTEM AND METHOD FOR INSTANT AND AUTOMATIC BORDER DETECTION"

for which an application:

is executed concurrently herewith

🕅 was filed on 7 October 2013, having a United States Application No. 14/047119

was filed on ***, having an International Application No. ***,

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Date:	Signature:		, Assignor/Inventor
		AJ CHELINE	
Date:	Signature:		, Assignor/Inventor
		Fergus MERRITT	
Date:	Signature:		, Assignor/Inventor
		Asher COHEN	
Date:	Signature:		, Assignor/Inventor
8of 96.9 % *	99999 99 977555555555555	Elizabeth BEGIN	

Date:	Signature:		, Assignor/Inventor
8× 00 × 11		Nathaniel KEMP	
Date: 03 JUL 2021	Signature: _	<u> </u>	, Assignor/Inventor
		Jason SPROUL/	
Date:	Signature: _	e te se la la Universita de la companya de la comp	, Assignor/Inventor
		Badr ELMAANAOUI	

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This stateme	ent is directed to:				
The att	ached application,				
OR					
United	States application or PCT internationa	l application number	4/04	47,119 filed on	October 7, 2013
EGAL NA	ME of inventor to whom this su	bstitute statement a	pplies:		
	Name (first and middle (if any)) and F	amily Name or Surname	e)		
	LMAANAOUI				
Residence (except for a deceased or legally incap	acitated inventor):		_	
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	ess (except for a deceased or legally incapa		000		
UNKNO	WN STREET ADDRESS				
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The above-	identified application was made or aut	horized to be made by m	ne.		
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	egal Representative (for deceased or I	legally incapacitated inve	entor on	l y),	
	ssignee,				
Р	erson to whom the inventor is under a	n obligation to assign,			
P	erson who otherwise shows a sufficier	nt proprietary interest in t	he matt	er (petition under 37 C	FR 1.46 is required), or
Ju Ju	pint Inventor.				
Jo	pint Inventor.	[Page 1 of 2]			

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Circumstances permitting execution of this substitute statement:				
Inventor is deceased,				
Inventor is under legal incapacity,				
Inventor cannot be found or reached after diligent effort, or				
Inventor has refused to execute the oath or declaration under 37 CFR 1.63.				
If there are joint inventors, please check the appropriate box below:				
An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) naming the ention or is currently submitted.	re inventive entity has been			
OR				
An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) has not been su Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the entire inventive e information is attached. See 37 CFR 1.64(b).				
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PERSON EXECUTING THIS SUBSTITUTE STATEMENT:				
Name: Joseph Innamorati	Date (Optional): 7-8-21			
Signature: Joseph Annamorati				
APPLICANT NAME AND TITLE OF PERSON EXECUTING THIS SUBSTITUTE STATEMENT:	*****			
If the applicant is a juristic entity, list the applicant name and the title of the signer: PHILIPS IMAGE GUIDED THERAPY CORPORATION				
Applicant Name:				
Title of Person Executing This Substitute Statement: Authorized Signatory; Senior Director, Legal Depart	ment			
The signer, whose title is supplied above, is authorized to act on behalf of the applicant.				
Residence of the signer (unless provided in an application data sheet, PTO/AIA/14 or equival	ent):			
City Stamford CT Country US				
Mailing Address of the signer (unless provided in an application data sheet, PTO/AIA/14 or e 1600 Summer Street	quivalent)			
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