

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
CLAUDIA ERRICO	06/19/2019
CHRISTINE MENKING SWISHER	08/26/2021
HUA XIE	06/20/2019
RECEIVING PARTY DATA	
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State/Country:	NETHERLANDS
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PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	17251804
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NAME OF SUBMITTER:	BARBARA KINNEY
SIGNATURE:	/Barbara Kinney/
DATE SIGNED:	08/26/2021
Total Attachments: 3	
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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 Koninklijke Philips N.V., having a place of business at High Tech Campus 5, 5656 AE, Eindhoven, the Netherlands, its successors, assigns, and legal representatives, including any nominees (collectively "the Assignee") my/our invention for which an application:

- is executed concurrently herewith
- was filed on ***, having a United States Application No. ***
- was filed on 2019-Jun-18, having an International Application No. PCT/EP2019/066044,

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 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: 6/19/2019 Signature: , Assignor/Inventor
 Claudia ERRICO

Date: 6/20/2019 Signature: _____, Assignor/Inventor
 Christine Menking SWISHER

Date: 6/20/2019 Signature: , Assignor/Inventor
 Hua XIE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**SUBSTITUTE STATEMENT IN LIEU OF AN OATH OR DECLARATION FOR UTILITY
OR DESIGN PATENT APPLICATION (35 U.S.C. 115(d) AND 37 CFR 1.64)**

Title of Invention	ULTRASOUND LESION ASSESSMENT AND ASSOCIATED DEVICES, SYSTEMS AND METHODS		
This statement is directed to:			
<input type="checkbox"/> The attached application,			
OR			
<input checked="" type="checkbox"/> United States application or PCT international application number <u>17/251,804</u> filed on <u>December 13, 2020</u> .			
LEGAL NAME of inventor to whom this substitute statement applies:			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname)			
Christine Menking Swisher			
Residence (except for a deceased or legally incapacitated inventor):			
City	State	Country	
SAN DIEGO	CA	US	
Mailing Address (except for a deceased or legally incapacitated inventor):			
2555 FENTON PARKWAY			
City	State	Zip	Country
SAN DIEGO	CA	92108	US
I believe the above-named inventor or joint inventor to be the original inventor or an original joint inventor of a claimed invention in the application.			
The above-identified application was made or authorized to be made by me.			
I hereby acknowledge that any willful false statement made in this statement is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.			
Relationship to the inventor to whom this substitute statement applies:			
<input type="checkbox"/> Legal Representative (for deceased or legally incapacitated inventor only),			
<input checked="" type="checkbox"/> Assignee,			
<input type="checkbox"/> Person to whom the inventor is under an obligation to assign,			
<input type="checkbox"/> Person who otherwise shows a sufficient proprietary interest in the matter (petition under 37 CFR 1.46 is required), or			
<input type="checkbox"/> Joint Inventor.			

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to 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.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**PATENT
REEL: 057295 FRAME: 0919**

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SUBSTITUTE STATEMENT

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 entire inventive entity has been or is currently submitted.

OR

- An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) has not been submitted. Thus, a Substitute Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the entire inventive entity and providing inventor information is attached. See 37 CFR 1.64(b).

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

PERSON EXECUTING THIS SUBSTITUTE STATEMENT:Name: **Poul Erik De Haan**

Date (Optional):

Signature: **/Poul Erik de Haan/****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:

KONINKLIJKE PHILIPS N.V.

Applicant Name:

Title of Person Executing
This Substitute Statement: **AUTHORIZED REPRESENTATIVE**

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 **EINDHOVEN**

State

Country **NL****Mailing Address of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent)**

High Tech Campus 52

City **EINDHOVEN**

State

Zip **5656 AG**Country **NL**

Note: Use an additional PTO/AIA/02 form for each inventor who is deceased, legally incapacitated, cannot be found or reached after diligent effort, or has refused to execute the oath or declaration under 37 CFR 1.63.