

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT6868188

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	THOMAS DUNBAR	08/14/2021
RECEIVING PARTY DATA		
Name:	TOMPHYZX.LLC	
Street Address:	10094 KEUKA HILL ROAD	
City:	DUNDEE	
State/Country:	NEW YORK	
Postal Code:	14837-9603	
PROPERTY NUMBERS Total: 1		
Property Type	Number	
Application Number:	17402025	
CORRESPONDENCE DATA		
Fax Number:		
<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>		
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ATTORNEY DOCKET NUMBER:	104197.000007	
NAME OF SUBMITTER:	JODI A. REYNOLDS	
SIGNATURE:	/Jodi A. Reynolds/	
DATE SIGNED:	08/17/2021	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 3		
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ASSIGNMENT and DECLARATION OF INVENTORSHIP

Applicant:	TOMPHYZX.LLC
First Named Inventor:	Thomas Dunbar
Attorney Docket No.:	104197.000007
Application No.:	TBD
Filed:	TBD
TITLE: METHOD, APPARATUS AND SYSTEM FOR REDUCING PATHOGENS IN A BREATHABLE AIRSTREAM	

FOR GOOD AND VALUABLE CONSIDERATION, I, the INVENTOR and ASSIGNOR:

Thomas Dunbar, residing at:
10094 Keuka Hill Rd,
Dundee, NY 14837-9603

HEREBY ASSIGN(s) to the ASSIGNEE:

TOMPHYZX.LLC, a limited liability company existing under the laws of the State of New York, with a business mailing address
10094 Keuka Hill Rd, Dundee, NY 14837-9603

ALL RIGHT, TITLE, AND INTEREST WORLDWIDE in and to the invention described in the above-identified US nonprovisional application entitled METHOD, APPARATUS AND SYSTEM FOR REDUCING PATHOGENS IN A BREATHABLE AIRSTREAM, claiming priority to US Provisional Application 63/065,205 filed August 13, 2020; US Provisional Application 63/113,304 filed November 13, 2020; US Provisional Application 63/150,126 filed February 17, 2021; and US Provisional Application 63/221,895 filed July 14, 2021; and in and to said US patent application and all applications that may be filed on said invention anywhere in the world, including any and all divisions, reissues, continuations, and extensions thereof and in and to any Letters Patents, Inventors' Certificates, Design Registrations, Industrial Models, Utility Models, and all other forms of protection that may be granted thereon, including the right to file applications and the right to claim priority from the US application worldwide, and

including the right to pursue and obtain any damages, recoveries, or remedies for past infringements of these protections.

ASSIGNOR covenants that no assignment, license, or encumbrance has been or will be made that would conflict with this Assignment.

ASSIGNOR requests that all Letters Patents, Inventors' Certificates, Design Registrations, Industrial Models, Utility Models and all other forms of protection on said invention be issued to the ASSIGNEE, and **ASSIGNOR** agrees to cooperate fully in obtaining and enforcing patent protection for said invention, including communicating any facts relating to said invention, signing lawful papers, and, at the request and expense of the ASSIGNEE, but without compensation, testifying in legal proceedings.

INVENTOR HEREBY DECLARES:

The Declaration is directed to the above-identified application entitled METHOD, APPARATUS AND SYSTEM FOR REDUCING PATHOGENS IN A BREATHABLE AIRSTREAM.

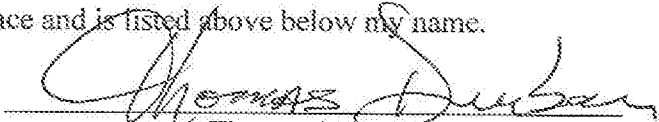
The referenced application was made or authorized to be made by me.

I believe I am (an original 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.

My mailing address is the same as my residence and is listed above below my name.

Dated:

8-14-2021
Thomas DunbarSTATE OF New York)
COUNTY OF Yates) ss

On the 14th day of August in the year 2021, before me, the undersigned, a Notary Public in and for said State, personally appeared Thomas Dunbar, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.


Notary Public

Seal

MICHELLE J. SWARTHOUT
Notary Public, State of New York
Yates County No. 019 W 6032133
Commission Expires Dec. 11, 2022