

<b>PATENT ASSIGNMENT COVER SHEET</b>
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Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT7230280

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT

**CONVEYING PARTY DATA**

Name	Execution Date
NEIL TIWARI	03/13/2013
JOSHUA JAMES MILLER	03/11/2013
MARC STEVEN MINKUS	03/08/2013
MATTHEW R. MULLER	03/07/2013
DEREK WIEBENSON	03/12/2013
DOUGLAS L. WILKERSON	03/11/2013
TIMOTHY G. ROBINSON	03/11/2013
ANDERS J. WELLINGS	03/09/2013
KATHRYN LOUISE HANSBRO	03/08/2013
BORUT CIZMAN	03/08/2013
BRIAN S. KUNZEMAN	03/07/2013
ROBIN D. COOPER	03/08/2013
TIMOTHY L. KUDELKA	03/08/2013
ANGELO A. SARTO	03/11/2013
STEVE JOSEPH LINDO	03/14/2013
JOSTEIN BAUSTAD	03/11/2013
DUSTON MOUNTS	03/14/2013
SHAFALI HILL	03/08/2013

**RECEIVING PARTY DATA**

<b>Name:</b>	BAXTER INTERNATIONAL INC.
<b>Street Address:</b>	ONE BAXTER PARKWAY
<b>City:</b>	DEERFIELD
<b>State/Country:</b>	ILLINOIS
<b>Postal Code:</b>	60015
<b>Name:</b>	BAXTER HEALTHCARE SA
<b>Street Address:</b>	THURGAUERSTASSE 130
<b>City:</b>	GLATTPARK (OPFIKON)
<b>State/Country:</b>	SWITZERLAND
<b>Postal Code:</b>	CH-8152

**PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	17682659

**CORRESPONDENCE DATA****Fax Number:** (312)828-7185*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:** 312 807 4329**Email:** chicago.patents@klgates.com**Correspondent Name:** DENNIS A. MAJEWSKI/ K&L GATES LLP**Address Line 1:** P.O. BOX 1135**Address Line 4:** CHICAGO, ILLINOIS 60690-1135**ATTORNEY DOCKET NUMBER:** 3712044.07198**NAME OF SUBMITTER:** DENNIS A. MAJEWSKI**SIGNATURE:** /Dennis A. Majewski/**DATE SIGNED:** 03/17/2022**Total Attachments: 20**

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**ASSIGNMENT  
(Joint Inventors)**

Serial No. 13/828,900

Filed: March 14, 2013

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

For good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, we hereby assign to **BAXTER INTERNATIONAL INC.**, a corporation of Delaware, having a principal place of business at Deerfield, Illinois, its successors, legal representatives and assigns, and to **BAXTER HEALTHCARE S.A.**, a corporation of Switzerland, having a principal place of business at Glattpark (Opfikon), Switzerland, its successors, legal representatives and assigns (hereinafter jointly referred to as "assignee") the entire right, title and interest throughout the world, to the extent not previously assigned to assignee, in our invention or improvements in

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

and, effective as of the date of filing, in the above listed application(s) for Letters Patent therefor, executed by each of us individually, and any and all other patent applications in any and all countries which have been or may hereafter be filed, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of any country which may be obtained on any of the said applications, and in any reissue or extension thereof and any applications that claim priority thereto, including any regional and national stage applications.

We hereby authorize and request the patent offices of all countries to issue to the said assignee all patents that may issue on said invention or improvements. We hereby authorize and request the attorneys of record in said application to insert in this assignment the date and serial number and docket number of said applications when officially known.

We warrant ourselves to be the owners of the interest herein assigned and to have the right to make this assignment; and further warrant that there are no outstanding prior assignments, licenses, or other rights to any person or entity other than the assignee in the interest herein assigned.

For said considerations we hereby agree, upon the request and at the expense of said assignee, its successors, legal representatives and assigns, to execute any and all divisional, continuation, and renewal applications for said invention or improvements, and any necessary oath or supplemental oath or affidavit relating thereto, and any application for the reissue or extension of any Letters Patent that may be granted upon said application, including any regional and national stage applications that claim priority thereto, that said assignee, its successors, legal representatives and assigns may deem necessary or expedient, and for the said considerations we further agree, upon the request of said assignee, its successors, legal representatives and assigns, in the event of said application or any continuation or division thereof, or Letters Patent issued thereon, or any reissue or application for the reissue thereof becoming involved in interference, to cooperate to the best of our ability with said assignee, its successors, legal representatives and assigns in the matters of preparing and executing the preliminary statement and giving and producing evidence in support thereof.

We further agree to perform, upon such request, any and all affirmative acts, including but not limited to execution of any and all documents deemed necessary or expedient by the said assignee or its successors, legal representatives or assigns, to obtain Letters Patent, and vest all rights therein hereby conveyed in the said assignee, its successors, legal representatives and assigns whereby said Letters Patent will be held and enjoyed by the said assignee, its successors, legal representatives and assigns to the end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held and enjoyed by us if this assignment and sale had not been made, and for the said considerations we hereby also assign to said assignee, its successors, legal representatives and assigns the entire right, title and interest in said invention or improvements for any and all foreign countries and the right of priority for patent and utility model applications in all countries arising under any applicable international convention for the protection of industrial property and/or any internal priority legislation of such countries, and we further agree upon the request of said assignee, its successors, legal representatives and assigns to execute any and all documents that shall be required to be executed in connection with any and all applications for foreign Letters Patent therefor, including the prosecution thereof, and to execute any and all documents necessary to invest title in said foreign applications and patents in said assignee.

**Baxter**

**Signature Sheet  
(Joint Inventors)**

Serial No. \_\_\_\_\_ Filed: \_\_\_\_\_ Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Douglas L. Wilkerson

Inventor Name: Neil Tiwari

Date \_\_\_\_\_  
Signature \_\_\_\_\_

Date 03/13/13  
Signature Neil Tiwari

State of \_\_\_\_\_  
County of \_\_\_\_\_

State of Florida  
County of Orange

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/13/13 before me, Barbara Thomas (Notary Public), personally appeared Neil Tiwari, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

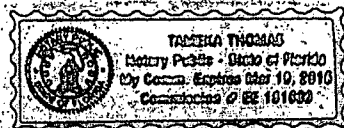
WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature \_\_\_\_\_  
(Seal)

Notary Signature [Signature]  
(Seal)

Neil Tiwari presented Illinois  
DL T602 6208 6202



Serial No.

Filed:

Attorney Docket No : P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Joshua James Miller

Inventor Name: Derek Wiebenson

Date 03/11/2013

Date \_\_\_\_\_

Signature Joshua James Miller

Signature \_\_\_\_\_

State of Illinois

State of \_\_\_\_\_

County of Lake

County of \_\_\_\_\_

On 03/11/2013 before me, MARSHA L. SOMPPI (Notary Public), personally appeared Joshua James Miller, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature Marsha L. Somppi

Notary Signature \_\_\_\_\_

(Seal)

(Seal)



**Signature Sheet  
(Joint Inventors)**

Serial No. \_\_\_\_\_

Filed: \_\_\_\_\_

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Timothy G. Robinson

Inventor Name: Marc Steven Minkus

Date \_\_\_\_\_

Date 03/08/13

Signature \_\_\_\_\_

Signature Marc Steven Minkus

State of \_\_\_\_\_

State of WA

County of \_\_\_\_\_

County of King

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/8/13 before me, Renee Roline (Notary Public), personally appeared Marc Steven Minkus to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

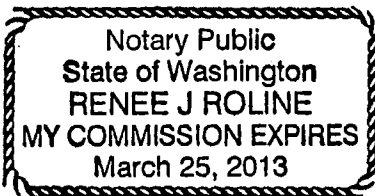
WITNESS my hand and office seal.

Notary Signature \_\_\_\_\_

Notary Signature Renee Roline

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Matthew R. Muller

Inventor Name: Anders J. Wellings

Date 3/7/13  
Signature *Matthew R. Muller*

Date \_\_\_\_\_  
Signature \_\_\_\_\_

State of Illinois

State of \_\_\_\_\_

County of Lake

County of \_\_\_\_\_

On 07-Mar-13 before me, Julie A. Hoff (Notary Public), personally appeared Matthew Muller personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature *Julie A. Hoff*

Notary Signature \_\_\_\_\_

(Seal)

(Seal)



**Baxter**

**Signature Sheet  
(Joint Inventors)**

Serial No.

Filed:

Attorney Docket No.: P6332US01-BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Joshua James Miller

Inventor Name: Derek Wiebenson

Date \_\_\_\_\_

Date 12 March 2013

Signature \_\_\_\_\_

Signature [Handwritten Signature]

State of \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature \_\_\_\_\_

Notary Signature \_\_\_\_\_

(Seal)

(Seal)

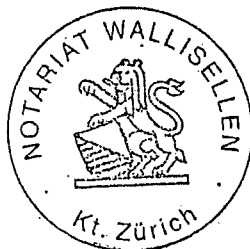
**Official Certification**

Seen for authentication of the foregoing signature, affixed in our presence by

Mr. **Derek WIEBENSON**, born 28th July 1973, Nationality: United States of America/USA, according to his information residing at Frohburgstrasse 20a, 8006 Zurich, Switzerland, identified by residence permit B.

Wallisellen, 12th March 2013  
BK no. 411  
Fee CHF 20.00

**NOTARIAT WALLISELLEN**



[Handwritten Signature]  
Martin Holliger, Deputy Notary Public



**ASSIGNMENT  
(Joint Inventors)**

Serial No. 13/828,900

Filed: March 14, 2013

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

For good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, we hereby assign to **BAXTER INTERNATIONAL INC.**, a corporation of Delaware, having a principal place of business at Deerfield, Illinois, its successors, legal representatives and assigns, and to **BAXTER HEALTHCARE S.A.**, a corporation of Switzerland, having a principal place of business at Glattpark (Opfikon), Switzerland, its successors, legal representatives and assigns (hereinafter jointly referred to as "assignee") the entire right, title and interest throughout the world, to the extent not previously assigned to assignee, in our invention or improvements in

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

and, effective as of the date of filing, in the above listed application(s) for Letters Patent therefor, executed by each of us individually, and any and all other patent applications in any and all countries which have been or may hereafter be filed, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of any country which may be obtained on any of the said applications, and in any reissue or extension thereof and any applications that claim priority thereto, including any regional and national stage applications.

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For said considerations we hereby agree, upon the request and at the expense of said assignee, its successors, legal representatives and assigns, to execute any and all divisional, continuation, and renewal applications for said invention or improvements, and any necessary oath or supplemental oath or affidavit relating thereto, and any application for the reissue or extension of any Letters Patent that may be granted upon said application, including any regional and national stage applications that claim priority thereto, that said assignee, its successors, legal representatives and assigns may deem necessary or expedient, and for the said considerations we further agree, upon the request of said assignee, its successors, legal representatives and assigns, in the event of said application or any continuation or division thereof, or Letters Patent issued thereon, or any reissue or application for the reissue thereof becoming involved in interference, to cooperate to the best of our ability with said assignee, its successors, legal representatives and assigns in the matters of preparing and executing the preliminary statement and giving and producing evidence in support thereof.

We further agree to perform, upon such request, any and all affirmative acts, including but not limited to execution of any and all documents deemed necessary or expedient by the said assignee or its successors, legal representatives or assigns, to obtain Letters Patent, and vest all rights therein hereby conveyed in the said assignee, its successors, legal representatives and assigns whereby said Letters Patent will be held and enjoyed by the said assignee, its successors, legal representatives and assigns to the end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held and enjoyed by us if this assignment and sale had not been made, and for the said considerations we hereby also assign to said assignee, its successors, legal representatives and assigns the entire right, title and interest in said invention or improvements for any and all foreign countries and the right of priority for patent and utility model applications in all countries arising under any applicable international convention for the protection of industrial property and/or any internal priority legislation of such countries, and we further agree upon the request of said assignee, its successors, legal representatives and assigns to execute any and all documents that shall be required to be executed in connection with any and all applications for foreign Letters Patent therefor, including the prosecution thereof, and to execute any and all documents necessary to invest title in said foreign applications and patents in said assignee.

Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Douglas L. Wilkerson.

Inventor Name: Neil Tiwari

Date 3-11-13  
Signature [Signature]

Date \_\_\_\_\_  
Signature \_\_\_\_\_

State of Illinois

State of \_\_\_\_\_

County of Lake

County of \_\_\_\_\_

On 3-11-13 before me, Sonnie Jae Johnson (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

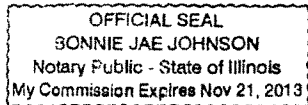
On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature [Signature]  
(Seal)

Notary Signature \_\_\_\_\_  
(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Timothy G. Robinson

Inventor Name: Marc Steven Minkus

Date 11 March 2013

Date \_\_\_\_\_

Signature Timothy G. Robinson

Signature \_\_\_\_\_

State of New Jersey

State of \_\_\_\_\_

County of Hunterdon

County of \_\_\_\_\_

On 3/11/13 before me, Timothy Robinson (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary Signature Claire L. Simonds

Notary Signature \_\_\_\_\_

(Seal)

(Seal)

**CLAIRE L. SIMONDS**  
ID # 2340447  
NOTARY PUBLIC OF NEW JERSEY  
Commission Expires 2/16/16

Serial No. \_\_\_\_\_

Filed: \_\_\_\_\_

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Matthew R. Muller

Inventor Name: Anders J. Wellings

Date \_\_\_\_\_

Date 02/09/2013

Signature \_\_\_\_\_

Signature *Anders J. Wellings*

State of \_\_\_\_\_

State of FLORIDA

County of \_\_\_\_\_

County of PINELLAS

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/9/13 before me, PAUL STEGER (Notary IN 65), personally appeared Anders J. Wellings personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

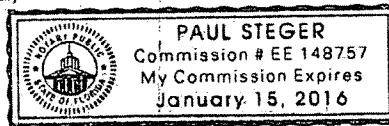
WITNESS my hand and office seal.

Notary Signature \_\_\_\_\_

Notary Signature *Paul Steger*

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Kathryn Louise Hansbro

Inventor Name: Borut Cizman

Date 3/8/2013  
Signature Katly Hansbro

Date \_\_\_\_\_  
Signature \_\_\_\_\_

State of IL

State of \_\_\_\_\_

County of Lake

County of \_\_\_\_\_

On 3/8/13 before me, Adam Bubash (Notary Public), personally appeared to me, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

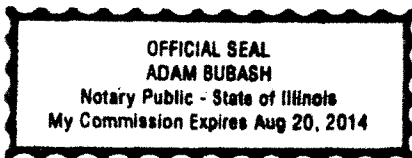
WITNESS my hand and office seal.

Notary Signature [Signature]

Notary Signature \_\_\_\_\_

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Kathryn Louise Hansbro

Inventor Name: Borut Cizman

Date \_\_\_\_\_

Date March 8, 2013

Signature \_\_\_\_\_

Signature B. Cizman, MD

State of ILLINOIS

State of ILLINOIS B-C.

County of LAKE

County of LAKE

On 3/8/2013 before me, MARSHA SOMPPPI (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/8/2013 before me, MARSHA SOMPPPI (Notary Public), personally appeared BORUT CIZMAN personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

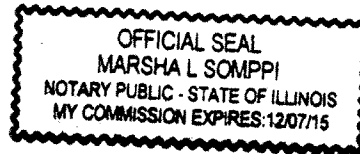
WITNESS my hand and office seal.

Notary Signature \_\_\_\_\_

Notary Signature Marsha L Somppi

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Brian S. Kunzeman

Inventor Name: Robin D. Cooper

Date 3/7/2013

Date \_\_\_\_\_

Signature Brian Kunzeman

Signature \_\_\_\_\_

State of Illinois

State of \_\_\_\_\_

County of Lake

County of \_\_\_\_\_

On 3/7/13 before me, Bonnie J. Johnson (Notary Public), personally appeared Brian Kunzeman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

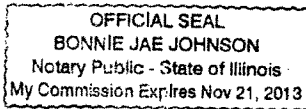
WITNESS my hand and office seal.

Notary Signature Bonnie J. Johnson

Notary Signature \_\_\_\_\_

(Seal)

(Seal)



**Signature Sheet  
(Joint Inventors)**

Serial No. \_\_\_\_\_

Filed: \_\_\_\_\_

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Brian S. Kunzeman

Inventor Name: Robin D. Cooper

Date \_\_\_\_\_

Date 3/8/2013

Signature \_\_\_\_\_

Signature *Robin D Cooper*

State of \_\_\_\_\_

State of ILLINOIS

County of \_\_\_\_\_

County of LAKE

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3/8/2013 before me, MARSHA SOMPPI (Notary Public), personally appeared Robin D Cooper personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

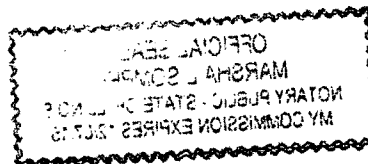
WITNESS my hand and office seal.

Notary Signature \_\_\_\_\_

Notary Signature *Marsha L Somppi*

(Seal)

(Seal)





Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Timothy L. Kudelka

Inventor Name: Angelo A. Sarto

Date 08 March 2013

Date \_\_\_\_\_

Signature Timothy L. Kudelka

Signature \_\_\_\_\_

State of ILLINOIS

State of \_\_\_\_\_

County of LAKE

County of \_\_\_\_\_

On 3/8/2013 before me, MARSHA SOMPPI (Notary Public), personally appeared Timothy Kudelka personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

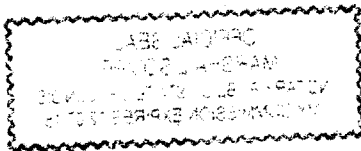
WITNESS my hand and office seal.

Notary Signature Marsha L. Somppi

Notary Signature \_\_\_\_\_

(Seal)

(Seal)



**Signature Sheet  
(Joint Inventors)**

Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Timothy L. Kudelka

Inventor Name: Angelo A. Sarto

Date \_\_\_\_\_

Date 11 March 2013

Signature \_\_\_\_\_

Signature *Angelo Sarto*

State of \_\_\_\_\_

State of ILLINOIS

County of \_\_\_\_\_

County of Lake

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On 3-11-13 before me, Bonnie Jae Johnson (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or ~~proved to me~~ on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

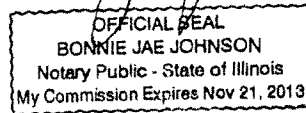
WITNESS my hand and office seal.

Notary Signature \_\_\_\_\_

Notary Signature *Bonnie Jae Johnson*

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Steve Joseph Lindo

Inventor Name: Jostein Baustad

Date 14 March 2013

Date \_\_\_\_\_

Signature [Handwritten Signature]

Signature \_\_\_\_\_

State of Illinois

State of \_\_\_\_\_

County of Lake

County of \_\_\_\_\_

On 3/14/2013 before me, Lawrence D. Dickman (Notary Public), personally appeared Steve, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public), personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office seal.

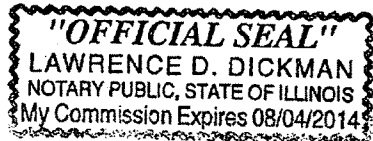
WITNESS my hand and office seal.

Notary Signature Lawrence D. Dickman

Notary Signature \_\_\_\_\_

(Seal)

(Seal)



Serial No. \_\_\_\_\_

Filed: \_\_\_\_\_

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Steve Joseph Lindo

Inventor Name: Jostein Baustad

Date \_\_\_\_\_

Date 3/11/2013

Signature \_\_\_\_\_

Signature *Jostein Baustad*

State of \_\_\_\_\_

State of Illinois

County of \_\_\_\_\_

County of Lake

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public),  
personally appeared \_\_\_\_\_, personally known to me  
(or proved to me on the basis of satisfactory evidence)  
to be the person(s) whose name(s) is/are subscribed  
to the within instrument and acknowledged to me that  
he/she/they executed the same in his/her/their  
authorized capacity(ies), and that by his/her/their  
signature(s) on the instrument the person(s), or the  
entity upon behalf of which the person(s) acted,  
executed the instrument.

On 3/11/13 before me, <sup>JOSEPHINE LUBERDA</sup> (Notary Public),  
<sub>JOSTEIN BAUSTAD</sub> personally appeared \_\_\_\_\_, personally known to me (or  
proved to me on the basis of satisfactory evidence) to  
be the person(s) whose name(s) is/are subscribed to  
the within instrument and acknowledged to me that  
he/she/they executed the same in his/her/their  
authorized capacity(ies), and that by his/her/their  
signature(s) on the instrument the person(s), or the  
entity upon behalf of which the person(s) acted,  
executed the instrument.

WITNESS my hand and office seal.

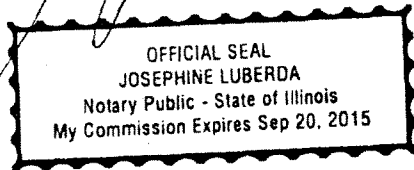
WITNESS my hand and office seal.

Notary  
Signature \_\_\_\_\_

Notary  
Signature *Josephine Lubarda*

(Seal)

(Seal)



Serial No.

Filed:

Attorney Docket No: **P6332US01 BX2013T00833**  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Duston Mounts

Inventor Name: Shafali Hill

Date 3/14/2013  
Signature *[Handwritten Signature]*

Date \_\_\_\_\_  
Signature \_\_\_\_\_

State of TEXAS

State of \_\_\_\_\_

County of COLLIN

County of \_\_\_\_\_

On 14 MARCH 2013 PRAGYA ACHARYA  
before me, \_\_\_\_\_ (Notary Public),  
DUSTON RANDAL MOUNTS  
personally appeared \_\_\_\_\_, personally known to me  
(or proved to me on the basis of satisfactory evidence)  
to be the person(s) whose name(s) is/are subscribed  
to the within instrument and acknowledged to me that  
he/she/they executed the same in his/her/their  
authorized capacity(ies), and that by his/her/their  
signature(s) on the instrument the person(s), or the  
entity upon behalf of which the person(s) acted,  
executed the instrument.

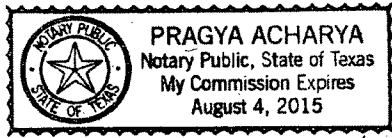
On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public),  
personally appeared \_\_\_\_\_, personally known to me (or  
proved to me on the basis of satisfactory evidence) to  
be the person(s) whose name(s) is/are subscribed to  
the within instrument and acknowledged to me that  
he/she/they executed the same in his/her/their  
authorized capacity(ies), and that by his/her/their  
signature(s) on the instrument the person(s), or the  
entity upon behalf of which the person(s) acted,  
executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary  
Signature *[Handwritten Signature]*  
(Seal)

Notary  
Signature \_\_\_\_\_  
(Seal)



Serial No.

Filed:

Attorney Docket No: P6332US01 BX2013T00833  
(3712044-03995)

**HOME MEDICAL DEVICE SYSTEMS AND METHODS FOR THERAPY PRESCRIPTION AND TRACKING,  
SERVICING AND INVENTORY**

Inventor Name: Duston Mounts

Inventor Name: Shafali Hill

Date \_\_\_\_\_

Date March 8, 2013

Signature \_\_\_\_\_

Signature *Shafali Hill*

State of \_\_\_\_\_

State of ILLINOIS

County of \_\_\_\_\_

County of LAKE

On \_\_\_\_\_ before me, \_\_\_\_\_ (Notary Public),  
personally appeared \_\_\_\_\_, personally known to me  
(or proved to me on the basis of satisfactory evidence)  
to be the person(s) whose name(s) is/are subscribed  
to the within instrument and acknowledged to me that  
he/she/they executed the same in his/her/their  
authorized capacity(ies), and that by his/her/their  
signature(s) on the instrument the person(s), or the  
entity upon behalf of which the person(s) acted,  
executed the instrument.

On 3/8/2013 before me, <sup>MARSHA SOMPPI</sup> \_\_\_\_\_ (Notary Public),  
personally appeared <sup>SHPALI</sup> HILL, personally known to me (or  
proved to me on the basis of satisfactory evidence) to  
be the person(s) whose name(s) is/are subscribed to  
the within instrument and acknowledged to me that  
he/she/they executed the same in his/her/their  
authorized capacity(ies), and that by his/her/their  
signature(s) on the instrument the person(s), or the  
entity upon behalf of which the person(s) acted,  
executed the instrument.

WITNESS my hand and office seal.

WITNESS my hand and office seal.

Notary  
Signature \_\_\_\_\_

Notary  
Signature *Marsha L. Somppi*

(Seal)

(Seal)

