

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
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EPAS ID: PAT7299752

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
SHIVUDU BHUVANAGIRI	03/15/2022
SOUMYA SANYAL	03/15/2022
CHRISTOPHER J. HASZ	03/15/2022
NEIL W. BLACK	02/19/2022
AARON MARTIN	03/15/2022
SEBASTIAN JAYARAJ	02/25/2022
RECEIVING PARTY DATA	
Name:	PROVIDENCE ST. JOSEPH HEALTH
Street Address:	800 FIFTH AVENUE, SUITE 1200
City:	SEATTLE
State/Country:	WASHINGTON
Postal Code:	98104
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	17589084
CORRESPONDENCE DATA	
Fax Number:	(206)682-6031
<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>	
Phone:	2066224900
Email:	Levi.Sy@SeedIP.com
Correspondent Name:	SEED IP LAW GROUP LLP
Address Line 1:	701 FIFTH AVENUE
Address Line 2:	SUITE 5400
Address Line 4:	SEATTLE, WASHINGTON 98104
ATTORNEY DOCKET NUMBER:	760255.415
NAME OF SUBMITTER:	STEVEN D. LAWRENZ
SIGNATURE:	/STEVEN D. LAWRENZ/
DATE SIGNED:	04/26/2022

Total Attachments: 8

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ASSIGNMENT

WHEREAS, we,

Name	Address	
Shivudu Bhuvanagiri	800 Fifth Avenue, Suite 1200, Seattle, WA 98104	;
Soumya Sanyal	800 Fifth Avenue, Suite 1200, Seattle, WA 98104	;
Christopher J. Hasz	800 Fifth Avenue, Suite 1200, Seattle, WA 98104	;
Neil W. Black	800 Fifth Avenue, Suite 1200, Seattle, WA 98104	;
Aaron Martin	800 Fifth Avenue, Suite 1200, Seattle, WA 98104	; and
Sebastian Jayaraj	800 Fifth Avenue, Suite 1200, Seattle, WA 98104	;

(hereinafter referred to as ASSIGNORS), having mailing addresses as listed above, are the joint inventors of an invention entitled "SINGLE SIGN-ON ACROSS MULTIPLE APPLICATION INSTANCES, SUCH AS ELECTRONIC MEDICAL RECORD SYSTEM INSTANCES," as described and claimed in the specification for which an application for United States letters patent was filed on January 31, 2022, and assigned Application No. 17/589,084;

WHEREAS,

Corporation Name	Address
Providence St. Joseph Health	800 Fifth Avenue, Suite 1200, Seattle, WA 98104

(hereinafter referred to as ASSIGNEE), a corporation of the State of Washington having a place of business at the address listed above, is desirous of acquiring the entire right, title and interest in and to the invention and in and to any letters patent that may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in exchange for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, ASSIGNORS hereby sell, assign and transfer unto said ASSIGNEE, the entire right, title and interest in and to said invention, said application and any and all letters patent which may be granted for said invention in the United States of America and its territorial possessions including any extensions or adjustments in term thereof and in any and all foreign countries, and in any and all divisions, reissues and continuations thereof, including the right to file foreign applications directly in the name of ASSIGNEE and to claim priority rights deriving from said United States application to which said foreign applications are entitled by virtue of international convention, treaty or otherwise, and including the right to sue and collect damages for past and present infringement of said letters patent; said invention, application and all letters patent on said invention to be held and

enjoyed by ASSIGNEE and its successors and assigns for their use and benefit and of their successors and assigns as fully and entirely as the same would have been held and enjoyed by ASSIGNORS had this assignment, transfer and sale not been made. ASSIGNORS hereby authorize and request the Commissioner of Patents and Trademarks to issue all letters patent on said invention to ASSIGNEE. ASSIGNORS agree to execute all instruments and documents required for the making and prosecution of applications for United States and foreign letters patent on said invention, for litigation regarding said letters patent, or for the purpose of protecting title to said invention or letters patent therefor.

3/15/2022

Date

DocuSigned by
Shivudu Bhuvanagiri _____ (Assignor)
Shivudu Bhuvanagiri

I certify that I know or have satisfactory evidence that Shivudu Bhuvanagiri signed this instrument of his/her own free will, as a voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signed at _____
(City, State or Country)

(Name of Witness)

(Signature of Witness)

Application No. 17/589,084

3/15/2022
Date _____

Executed by:
Soumya Sanyal

Soumya Sanyal (Assignor)

I certify that I know or have satisfactory evidence that Soumya Sanyal signed this instrument of his/her own free will, as a voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signed at _____
(City, State or Country)

(Name of Witness)

(Signature of Witness)

Application No. 17/589,084

3/15/2022

Date

DocuSigned by:

Christopher Hasz
C0F6505ED272428

Christopher J. Hasz

(Assignor)

I certify that I know or have satisfactory evidence that Christopher J. Hasz signed this instrument of his/her own free will, as a voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signed at _____

(City, State or Country)

(Name of Witness)

(Signature of Witness)

Application No. 17/589,084

2/19/2022
Date

Neil W Black (Assignor)
Neil W Black

I certify that I know or have satisfactory evidence that Neil W. Black signed this instrument of his/her own free will, as a voluntary act for the uses and purposes mentioned in the instrument.

Date 2/19/2022

Signed at Seattle, WA
(City, State or Country)

Sh W
(Name of Witness)

Sh W
(Signature of Witness)

Sherrri Wolson

Application No. 17/589,084

3/15/2022

Date _____

DocuSigned by:

AARON MARTIN

Aaron Martin

(Assignor)

I certify that I know or have satisfactory evidence that Aaron Martin signed this instrument of his/her own free will, as a voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signed at _____

(City, State or Country)

(Name of Witness)

(Signature of Witness)

12/25/2022
Date

Sebastian Jayaraj (Assignor)
Sebastian Jayaraj

I certify that I know or have satisfactory evidence that Sebastian Jayaraj signed this instrument of his/her own free will, as a voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signed at _____
(City, State or Country)

(Name of Witness)

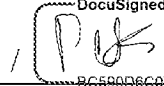
(Signature of Witness)

Application No. 17/589,084

Providence St. Joseph Health

4/11/2022

Date

DocuSigned by:


BC590D6C073F4B6... (Assignee)
(Signatory Signature)

Peter C. Ku, Vice President
(Assignee Signatory Name, Title)

Docket No. 760255.415 | iManage_8453182_1