# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT7459218

| SUBMISSION TYPE:      | NEW ASSIGNMENT |
|-----------------------|----------------|
| NATURE OF CONVEYANCE: | ASSIGNMENT     |

#### **CONVEYING PARTY DATA**

| Name                | Execution Date |
|---------------------|----------------|
| Harvey Cohen        | 04/18/2017     |
| Matthew Buraczenski | 04/18/2017     |
| Matthew O'Reilly    | 05/05/2017     |

## **RECEIVING PARTY DATA**

| Name:             | Fresenius Medical Care Holdings, Inc. |
|-------------------|---------------------------------------|
| Street Address:   | 920 Winter Street                     |
| Internal Address: |                                       |
| City:             | Waltham                               |
| State/Country:    | MA                                    |
| Postal Code:      | 02451-1457                            |

#### **PROPERTY NUMBERS Total: 1**

| Property Type       | Number   |
|---------------------|----------|
| Application Number: | 17864648 |

## **CORRESPONDENCE DATA**

**Fax Number:** (877)769-7945

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:** +1 (512) 226-8143

Email: apsi@fr.com
Correspondent Name: PARVIN GHANE

Address Line 1: FISH & RICHARDSON P.C.

Address Line 2: P.O.BOX 1022

Address Line 4: MINNEAPOLIS, MINNESOTA 55440-1022

| ATTORNEY DOCKET NUMBER: | 18196-0277003     |
|-------------------------|-------------------|
| NAME OF SUBMITTER:      | LAKEISHA BRYANT   |
| SIGNATURE:              | /Lakeisha Bryant/ |
| DATE SIGNED:            | 07/29/2022        |

# **Total Attachments: 5**

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PATENT 507412290 REEL: 061004 FRAME: 0909

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> PATENT REEL: 061004 FRAME: 0910

### ASSIGNMENT

For valuable consideration, the receipt of which we acknowledge, and intending to be bound legally, we, MATTHEW O'REILLY, MATTHEW BURACZENSKI, and HARVEY COHEN, each individually assign to FRESENIUS MEDICAL CARE HOLDINGS, INC., a corporation formed under the laws of New York and having a principal place of business at 920 Winter Street, Waltham, MA 02451-1457, and its successors, transferees, and assignees (collectively the "Assignee"), all of our individual and joint right, title, and interest throughout the world in the subject matter (the "Subject Matter") of a patent application that names us as inventors, is titled "SECURELY DISTRIBUTING MEDICAL PRESCRIPTIONS," and was filed in the United States Patent and Trademark Office on April 26, 2017, as application 15/497,529 (the "Application"). We authorize the insertion of the filing date and application number above.

This Assignment assigns (a) the Application and all other applications that may be made for, and all patents, utility models, design registrations, and other rights of exclusion and inventors' certificates for, any of the Subject Matter (collectively the "Applications and Granted Rights") in every country or region, (b) the right to claim priority based on and the benefit of the filing date of any of the Applications and Granted Rights under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other applicable treaties or conventions, and (c) the right to pursue, collect, and retain in the Assignee's name or otherwise, damages and any other remedies arising from any past, present, or future infringement of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment.

We authorize the Assignee to apply for and pursue protection for any or all of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment in all countries, regions, and territories of the world, in our names or in the Assignee's name.

We represent and warrant that we have the right and power to make this Assignment and that we have not made and will not make any other assignment that conflicts with this Assignment.

We will communicate to the Assignee (or at the request of the Assignee to other parties) all known facts in any form relating to the Subject Matter, will execute and provide all oaths and

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declarations, statements, testimony, assignments, powers of attorney, applications, and documents, and will perform all other lawful acts necessary or desirable to secure fully to the Assignee the rights, titles, and interests assigned by this Assignment.

Matthew O'Reilly

Date: 5/5/2017

STATE OF PLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this 5th day of May, 2017, by Thomas Woodrow Ward W.

(Signature of Notary Public-State of Florida)

Thomas Wooken Word W.
(Name of Notary Typed, Printed, or Stamped)

Personally Known

OR Produced Identification

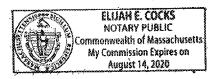
Type of Identification Produced

Thomas Woodrow Ward, JR
Notary Public
Howard County, Maryland
Commission Expires:
July 1, 2019

Date: 4/18/17-

# The Commonwealth of Massachusetts

| MIDDLESEX SS.   |
|---|
| On this 18 <sup>th</sup> day of APRIL , 2017, before me, the undersigned notary public, personally appeared MATTHEW BURACTENSKI, proved to me through satisfactory evidence of identification, which were PERSOWAL KNOWLEDGE, to be |
| the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that signed it voluntarily for its stated purpose.  |
| Notary Public   |

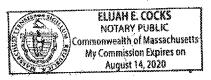


Harvey Cohen

The Commonwealth of Massachusetts

| MIDDLESEX | SS. | <b>U</b> |
|-----------|-----|----------|
|-----------|-----|----------|

| On this 18 day of April                              | _, 20 <u>17</u> , before | me, the undersigned | d notary |
|--|--------------------------|---------------------|----------|
| public, personally appeared HARVEY COHEN             | ,                        | , proved to me thro | ugh      |
| satisfactory evidence of identification, which were_ | PERSONAL                 | KNOWLEDGE           | , to be  |
| the person(s) whose name(s) is/are signed on the pr  | eceding or attac         | shed document, and  |          |
| acknowledged to me that HE signed it volu            | ntarily for its st       | ated purpose.       | •        |
|  |                          |                     |          |



| The Assigr  | nee hereby acknowledges and accepts the foregoing a | assignment. |         |
|-------------|---|-------------|---------|
| Assignee: ] | FRESENIUS MEDICAL CARE HOLDINGS, INC.               |             |         |
| Signature:  | SBlevin   | Date:       | 4/19/17 |
| Name:       | Stacy Bladbrug                                      |             |         |
|             | VPASSOR GC  |             |         |
|             |   |             |         |
|             |   |             |         |

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