

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JAN HUNGER	11/07/2019
RECEIVING PARTY DATA	
Name:	HAMILTON MEDICAL AG
Street Address:	VIA CRUSCH 8
City:	BONADUZ
State/Country:	SWITZERLAND
Postal Code:	7402
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16614540
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>	
Phone:	14436992450
Email:	brian@tollefsonip.com
Correspondent Name:	TOLLEFSON IP
Address Line 1:	326 FIRST STREET,
Address Line 2:	#202
Address Line 4:	ANNAPOLIS, MARYLAND 21403
ATTORNEY DOCKET NUMBER:	7952-0102
NAME OF SUBMITTER:	BRIAN A. TOLLEFSON
SIGNATURE:	/Brian A. Tollefson/
DATE SIGNED:	02/09/2023
Total Attachments: 2	
source=1614540 Assignment#page1.tif	
source=1614540 Assignment#page2.tif	

**ASSIGNMENT BY INVENTOR(S) OF PATENT APPLICATION
FOR THE UNITED STATES OF AMERICA**

BE IT KNOWN THAT, for good and valuable consideration paid to the undersigned inventor(s) (hereinafter ASSIGNOR(S)) by

Name: **Hamilton Medical AG**

Address: **Via Crusch 8, 7402 Bonaduz, Switzerland**

(hereinafter ASSIGNEE),

the receipt and adequacy of which is hereby acknowledged, ASSIGNOR(S) hereby sell(s), assign(s) and transfer(s) to ASSIGNEE all his/her right, title and interest to and under the invention and application entitled:

Exhalation valve for a ventilator apparatus with noise-reducing flow resistance

for which application for Letters Patent of the United States ASSIGNOR(S) is/are the sole or a joint inventor and which application is identified herein and/or is further identified as follows:

U.S. Serial No.: 16/614,540

Filing Date: 11/18/2019

(Prince Label Tye LLP is hereby authorized to insert the serial or application number and/or filing date hereon, when known)

and all Letters Patent of the United States to be obtained on said application or any continuation, continuation-in-part, division, renewal substitute, reissue or reexamination thereof for the full term or terms for which the same may be granted, including all rights to recover damages for any and all past infringement; and

ASSIGNOR(S) agree(s) to execute all papers necessary in connection with said application and any continuation, continuation-in-part, divisional, reissue or reexamination applications thereof and to execute separate assignments in connection with such applications as ASSIGNEE may deem necessary.

ASSIGNOR(S) agree(s) to execute all papers necessary in connection with any interference, post-grant review, litigation or other legal or administrative proceeding which may be declared concerning this application or any continuation, continuation-in-part, division, reissue, reexamination or extension thereof or Letters Patents, reissue patent, or reexamination certificate issued thereon, and all rights connected therewith, and to cooperate with ASSIGNEE in every way possible in obtaining and producing evidence and proceeding with such interference, post-grant review, litigation or other legal or administrative proceeding.

ASSIGNOR(S) covenant(s) that he/she has the full right to convey the entire interest herein assigned and has not executed, and will not execute, any agreement in conflict herewith.

ASSIGNOR(S) acknowledge(s) that ASSIGNEE may appoint any attorney or practitioner of ASSIGNEE's choice to prosecute any application or other legal or administrative proceeding involving said invention and ASSIGNOR(S) further acknowledge(s) that any attorney or practitioners so appointed by ASSIGNEE does not represent ASSIGNOR(S) and that such

appointment by ASSIGNEE does not create any attorney-client relationship between ASSIGNOR(S) and any attorney or practitioner appointed by ASSIGNEE.

IN WITNESS THEREOF, the undersigned ASSIGNOR(S) has/ have affixed his/her signature below.

BY: Jan Hunger DATE: 7.11.19

WITNESS(ES) (OPTIONAL)

BY: _____ DATE: _____
PRINTED NAME

BY: _____ DATE: _____
PRINTED NAME

ACCEPTED AND ACKNOWLEDGED FOR AND ON BEHALF OF THE ASSIGNEE:

Assignee Name: **Hamilton Medical AG**

Signature of Authorized Person: _____

Typed/Printed Name of Authorized Person: Ingo Schwaiger

Title: IP-Manager Date: 2019-11-07

NO LEGALIZATION REQUIRED. THIS DOCUMENT MAY BE NOTARIZED IF DESIRED FOR FURTHER PROOF OF EXECUTION.