

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7876109

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JEFF STAINSBY	10/26/2015
ALEXANDER GYLES PANTHER	10/26/2015
CAMERON ANTHONY PIRON	10/30/2015
RECEIVING PARTY DATA	
Name:	SYNAPTIVE MEDICAL (BARBADOS) INC.
Street Address:	CHANCERY HOUSE
Internal Address:	HIGH STREET
City:	BRIDGETOWN
State/Country:	BARBADOS
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	18193191
CORRESPONDENCE DATA	
Fax Number:	(416)920-1350
<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:	4169208170
Email:	docketing@pckip.com
Correspondent Name:	PERRY + CURRIER
Address Line 1:	1300 YONGE STREET
Address Line 2:	SUITE 500
Address Line 4:	TORONTO, CANADA M4T 1X3
ATTORNEY DOCKET NUMBER:	P5394US01
NAME OF SUBMITTER:	SARAH DOMINGUES
SIGNATURE:	/Sarah Domingues/
DATE SIGNED:	03/30/2023
Total Attachments: 6	
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WORLDWIDE ASSIGNMENT

WE, **Jeff Alan STAINSBY** (full postal address: 115 Sheldrake Blvd, Toronto, Ontario, M4P 2B1 CANADA), **Chad Tyler HARRIS** (full postal address: 2001-80 John Street, Toronto, Ontario, M5V 3X4 CANADA), **Cameron Anthony PIRON** (full postal address: 111 Hazelton Avenue, Toronto, Ontario, M5R 2E4 CANADA), and **Alexander Gyles PANTHER** (full postal address: 20A Amelia Street, Toronto, Ontario, M4X 1E1 CANADA) have invented, **METHOD, SYSTEM AND APPARATUS FOR IMAGE-GUIDED INSERTION OF IMPLANT DEVICES**, for which the international application was filed:

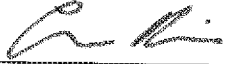
Filing Date: 10/6/2015

Serial No. IB2015057643

and in consideration of Two Dollars (\$2.00) to each of us, paid in hand, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, WE by these presents confirm that WE have sold, transferred and assigned and do hereby sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.**, ("Assignee"), having offices at, Chancery House, High Street, Bridgetown, Barbados, its successors and assigns or nominees, all OUR rights, title and interest in all the countries of the world in and to OUR invention as fully described in the patent application, and WE sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.** all OUR rights to apply for patent on said invention and all OUR priority rights that derive from any such applications in all the countries of the world including any and all full utility applications, divisions, continuations, continuation-in-part, re-examinations, renewals, reissues and/or extensions thereof, any design applications originating therefrom, patent applications and all national phase applications and all OUR corresponding rights, title and interest in and to any patent which may issue therefor in all the countries of the world, to have and to hold for **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s own use and **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s successors and assigns as fully and entirely as the same might be held by us if this sale had not been made, and we each make this assignment independently of each other.

AND WE HEREBY authorize Assignee, its successors, assigns, or nominees, to invoke and claim for any applications for patent or other form or protection filed, the benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it, and to invoke and claim such right of priority without need for further written or oral authorization;

SIGNED at Toronto, Ontario, CANADA, this 30 day of October, 2015.



Cameron Anthony PIRON

DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Cameron Anthony PIRON** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 30 day of October, 2015.



Maia Jones

AND WE IRREVOCABLY CONSENT and agree that any and all applications for patent or other form of protection may be applied for in OUR names, the personal names of the inventors, without further consideration;

AND WE UNDERTAKE to sign such further documents to effect the aforesaid sale, assignment and transfer as may be required from time to time, without further consideration, but at the expense of **SYNAPTIVE MEDICAL (BARBADOS) INC.**

This assignment can be signed in counterparts.

SIGNED at Toronto, Ontario, CANADA, this 26 day of October, 2015.



Jeff Alan STAINSBY

DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Jeff Alan STAINSBY** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 26 day of October, 2015.



Maia Jones

ACCEPTANCE

The Assignee accepts this assignment.

Signed at Toronto, Ontario, CANADA, this 26 day of October, 2015.

SYNAPTIVE MEDICAL (BARBADOS) INC.

Signature: 

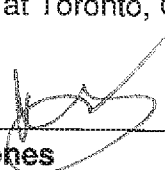
Name: Cameron Anthony Piron

Title: Director and President, Synaptive Medical (Barbados) Inc.

DECLARATION OF WITNESS

I, Maia Jones, whose full post office address is 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Cameron Anthony PIRON** who is personally known to me to be the person named above duly sign and execute the above on behalf of **SYNAPTIVE MEDICAL (BARBADOS) INC.**

DECLARED at Toronto, Ontario, CANADA, this 26 day of October, 2015.


Maia Jones

SIGNED at Toronto, Ontario, CANADA, this 26 day of October, 2015.



Alexander Gyles PANTHER

DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Alexander Gyles PANTHER** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 26 day of October, 2015.



Maia Jones

SIGNED at Toronto, Ontario, CANADA, this 26 day of October, 2015.




Chad Tyler HARRIS

DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Chad Tyler HARRIS** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 26 day of October, 2015.



Maia Jones