

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7904267

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
VICTORIA J. ROYALE	09/18/2018
AARON P. GRIFFITH	09/20/2018
DAVID M. MILLER	09/19/2018
MICHAEL LUYCKX	09/18/2018
BRIAN C. WOLFE	09/18/2018
JUSTIN BENACQUISTO	09/26/2018
RECEIVING PARTY DATA	
Name:	BISSELL HOMECARE, INC.
Street Address:	2345 WALKER AVE. NW
City:	GRAND RAPIDS
State/Country:	MICHIGAN
Postal Code:	49544
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	18301414
CORRESPONDENCE DATA	
Fax Number:	(248)380-8968
<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:	2483809300
Email:	usdocketing@quinniplaw.com
Correspondent Name:	QUINN IP LAW
Address Line 1:	21500 HAGGERTY ROAD
Address Line 2:	STE 300
Address Line 4:	NORTHVILLE, MICHIGAN 48167
ATTORNEY DOCKET NUMBER:	INV00704US05/BI0127.3
NAME OF SUBMITTER:	KATHERINE E. HOENSHEID
SIGNATURE:	/Katherine E. Hoensheid/
DATE SIGNED:	04/17/2023

Total Attachments: 6

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DECLARATION AND ASSIGNMENT FOR PATENT AND DESIGN APPLICATIONS

TITLE OF INVENTION: SELF-CLEANING FEATURES FOR EXTRACTION CLEANERS

As a below named inventor, I hereby declare that:

This declaration is directed to:

- ☒ the attached application
or
☐ United States Application Number or PCT International Application Number filed on

The above identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

I acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

In consideration of the sum of One Dollar (\$1.00), and other valuable and legally sufficient consideration, the receipt and adequacy of which I hereby acknowledge, I hereby sell, assign, and transfer unto BISSELL HOMECARE, INC., a corporation of the State of Michigan having its principal office and place of business in the City of Grand Rapids, County of Kent, State of Michigan, (hereinafter "Assignee"), its successors and assigns, my entire right, title, and interest in, to, and under the above identified application and the inventions disclosed therein; any Patents of the United States of America that may be obtained in respect thereof; any corresponding applications for Patent and Patents issuing therefor in all other areas of the world; and any reissues, extensions, substitutions, confirmations, divisions, and continuations of any of the foregoing (hereinafter "Invention Rights"), to have and to hold for the sole and exclusive use and benefit of Assignee, its successors and assigns forever.

I hereby covenant and agree to assist and cooperate with Assignee in the preparation and prosecution of any applications included within the Invention Rights and in the prosecution or defense of any review, opposition, or other proceeding that may arise in connection with any applications or Patent included within the Invention Rights and further to execute and deliver to Assignee any and all additional papers that may be requested by Assignee for the purpose of implementing the terms of this Assignment.

ASSIGNOR authorizes any member or representative of BISSELL HOMECARE, INC. to insert or complete any information in this document needed to effect its recordal in the U.S. Patent and Trademark Office.

Given Name (first and middle [if any])	Family Name or Surname
Victoria J.	Royale
Inventor's Signature <i>Victoria J. Royale</i>	Dated 09/18/2018

On this _____ day of _____, 2018, personally appeared before me the above-named Victoria J. Royale, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public _____ County, _____

My commission expires: _____

An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form. Use an additional PTO/AIA/01 form for each additional inventor.

DECLARATION AND ASSIGNMENT FOR PATENT AND DESIGN APPLICATIONS

TITLE OF INVENTION:

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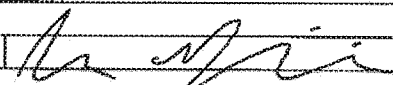
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Given Name (first and middle [if any])	Family Name or Surname
Aaron P.	Griffith
Inventor's Signature 	Dated 9/20/18

On this _____ day of _____, 2018, personally appeared before me the above-named Aaron P. Griffith, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public _____ County, _____

My commission expires: _____

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Given Name (first and middle (if any))	Family Name or Surname
David M.	Miller
Inventor's Signature	Dated
<i>David M. Miller</i>	9/19/18

On this _____ day of _____, 2018, personally appeared before me the above-named David M. Miller, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public _____ County, _____

My commission expires: _____

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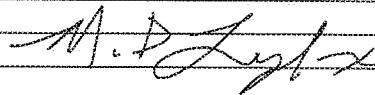
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Given Name (first and middle [if any])		Family Name or Surname	
Michael		Luyckx	
Inventor's Signature		Dated	18Sept2018

On this _____ day of _____, 2018, personally appeared before me the above-named Michael Luyckx, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public _____ County, _____

My commission expires: _____

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DECLARATION AND ASSIGNMENT FOR PATENT AND DESIGN APPLICATIONS

TITLE OF INVENTION:

SELF-CLEANING FEATURES FOR EXTRACTION CLEANERS

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This declaration is directed to:

- ☒ the attached application
or
☐ United States Application Number or PCT International Application Number filed on

The above identified application was made or authorized to be made by me.

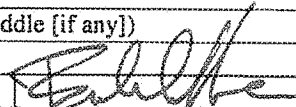
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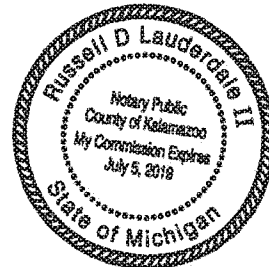
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Given Name (first and middle [if any])	Family Name or Surname
Brian C.	Wolfe
Inventor's Signature 	Dated 7.18.18

On this 18TH day of SEPTEMBER, 2018, personally appeared before me the above-named Brian C. Wolfe, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Russell D. Lauderdale II
Notary Public KALAMAZOO County, MICHIGAN
My commission expires: JULY 5, 2019



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Given Name (first and middle [if any])	Family Name or Surname
Justin	Benacquisto
Inventor's Signature	Dated 7-26-18

On this _____ day of _____, 2018, personally appeared before me the above-named Justin Benacquisto, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public _____ County, _____

My commission expires: _____