

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT7931171

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
WENDY POTTS	11/13/2019
SARA INGRID DURAN	11/12/2019
ZACHARY MARK SMITH	11/12/2019
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	COCHLEAR LIMITED
<b>Street Address:</b>	1 UNIVERSITY AVENUE
<b>City:</b>	MACQUARIE UNIVERSITY, NSW
<b>State/Country:</b>	AUSTRALIA
<b>Postal Code:</b>	2109
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	17269048
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(703)997-7808
<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>	
<b>Phone:</b>	5712131989
<b>Email:</b>	dsmith@pilloffpassino.com
<b>Correspondent Name:</b>	PILLOFF PASSINO & COSENZA LLP
<b>Address Line 1:</b>	2000 DUKE STREET
<b>Address Line 2:</b>	SUITE 300
<b>Address Line 4:</b>	ALEXANDRIA, VIRGINIA 22314
<b>ATTORNEY DOCKET NUMBER:</b>	5441-160
<b>NAME OF SUBMITTER:</b>	MARTIN J. COSENZA
<b>SIGNATURE:</b>	/Martin J. Cosenza/
<b>DATE SIGNED:</b>	05/02/2023
<b>Total Attachments: 3</b>	
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source=ExecutedAssignment#page3.tif	

**ASSIGNMENT**

WHEREAS I/We, the below named inventor(s), (hereinafter referred to as Assignor(s)), have made an invention entitled:

**FOCUSING METHODS FOR A PROSTHESIS**

for which I/WE executed an application for United States Letters Patent concurrently herewith or filed an application for United States Letters Patent on \_\_\_\_\_, (Application No. \_\_\_\_\_); and

WHEREAS, Cochlear Limited

1 University Avenue, Macquarie University, NSW, Australia 2109


(hereinafter referred to as Assignee), is desirous of securing the entire right, title, and interest in and to this invention, the application for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

NOW THEREFORE, be it known that, for good and valuable consideration the receipt of which from Assignee is hereby acknowledged, I/WE, as Assignor(s), have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the Assignee, its lawful successors and assigns, my/our entire right, title, and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof; and I/WE hereby authorize and request the Director of Patents and Trademarks of the United States to issue all Letters Patent for this invention to Assignee, its successors and assigns, in accordance with the terms of this Assignment;

AND, I/WE HEREBY further covenant and agree that I/We will, without further consideration, communicate with Assignee, its successors and assigns, any facts known to me/us respecting this invention and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver all papers that may be necessary or desirable to perfect the title to this invention in said Assignee, its successors and assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid Assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States, it being understood that any expense incident to the execution of such papers shall be borne by the Assignee, its successors and assigns.

AND, I/WE HEREBY authorize and request my/our attorney at Pilloff & Passino LLP, 1940 Duke St., Suite 200, Alexandria, VA 22314 to insert here in parentheses (Application No. \_\_\_\_\_, filed \_\_\_\_\_) the filing date and application number of said application when known.

IN TESTIMONY WHEREOF, I/We have hereunto set our hand(s).

1. FULL NAME OF SOLE OR FIRST ASSIGNOR <b>Wendy POTTS</b>	ASSIGNOR'S SIGNATURE 	DATE (required) <b>11/13/2019</b>
ADDRESS <b>c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia</b>		CITIZENSHIP <b>USA</b>
2. FULL NAME OF SECOND ASSIGNOR, IF ANY <b>Sara Ingrid DURAN</b>	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS <b>c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia</b>		CITIZENSHIP
3. FULL NAME OF THIRD ASSIGNOR, IF ANY <b>Zachary Mark SMITH</b>	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS <b>c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia</b>		CITIZENSHIP
4. FULL NAME OF FOURTH ASSIGNOR, IF ANY	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS		CITIZENSHIP

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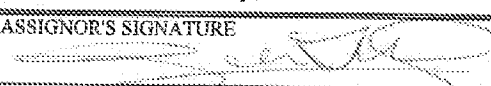
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ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
2. FULL NAME OF SECOND ASSIGNOR, IF ANY <b>Sara Ingrid DURAN</b>	ASSIGNOR'S SIGNATURE 	DATE (required) 12-NOV-2019
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP USA
3. FULL NAME OF THIRD ASSIGNOR, IF ANY <b>Zachary Mark SMITH</b>	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
4. FULL NAME OF FOURTH ASSIGNOR, IF ANY	ASSIGNOR'S SIGNATURE	DATE (required)
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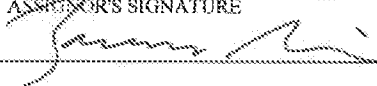
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ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
2. FULL NAME OF SECOND ASSIGNOR, IF ANY <b>Sara Ingrid DURAN</b>	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP
3. FULL NAME OF THIRD ASSIGNOR, IF ANY <b>Zachary Mark SMITH</b>	ASSIGNOR'S SIGNATURE 	DATE (required) 12 NOV 2019
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP USA
4. FULL NAME OF FOURTH ASSIGNOR, IF ANY	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS		CITIZENSHIP