

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT8128236

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
TIMOTHY R. DILLINGHAM	08/22/2023
RECEIVING PARTY DATA	
Name:	IFIT PROSTHETICS, LLC
Street Address:	N27 W23655 PAUL ROAD
City:	PEWAUKEE
State/Country:	WISCONSIN
Postal Code:	53072
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	18095715
CORRESPONDENCE DATA	
Fax Number:	(215)751-1142
<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:	215-567-2010
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Correspondent Name:	CAESAR RIVISE, PC
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ATTORNEY DOCKET NUMBER:	D2094/20013
NAME OF SUBMITTER:	JAMES J. KOZUCH
SIGNATURE:	/james j kozuch/
DATE SIGNED:	08/23/2023
Total Attachments: 2	
source=D209420013 Assignment#page1.tif	
source=D209420013 Assignment#page2.tif	

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/we the undersigned hereby sell, assign and transfer to:

Name: iFIT Prosthetics, LLC

Address: N27 W23655 Paul Road, Pewaukee, WI 53072

its successors, assigns and legal representatives, all hereinafter referred to as the Assignee, my/our whole and entire right, title and interest, in and throughout the United States, its territories and all countries foreign thereto, in and to any and all invention(s) which are disclosed in the following Application:

U.S. Patent Application Serial No.: 18/095,715

Title: ADJUSTABLE CUP FOR PROSTHESES

Filed: January 11, 2023

Attorney Docket No: D2094/20013

and any improvements thereon which I/we make, conceive or acquire during the course of my/our association with Assignee, and for one year thereafter, and in and to said Application and any and all Letters Patent and extensions thereof of the United States and countries foreign thereto which have been or may be granted on said invention(s) or any part thereof, or any improvements thereon or on said Application, or any divisional, continuing, renewal, reissue, or other application and all international priority rights associated therewith, based in whole or in part thereon, or based upon said invention(s), or any improvements thereon.

I/We agree that said Assignee may apply for and receive Letters Patent for said invention(s) in its own name; and when requested, without charge to, but at the expense of said Assignee, I/we agree to carry out in good faith the intent and purpose of this assignment by executing all divisional, continuing, substitute, renewal, reissue, and all other patent applications on any and all said invention(s), by executing all rightful oaths, assignments, powers of attorney and other papers, by communicating to said Assignee all facts known to me/us relating to said invention(s) and the history thereof, and generally by doing everything possible which said Assignee shall consider desirable for aiding in securing and maintaining proper patent protection for said invention(s) and for vesting title to said invention(s) and all applications for patents and all patents on said invention(s), in said Assignee.

I/We hereby request the Honorable Commissioner of Patents and Trademarks to issue said Letters Patent to said Assignee.

I/We covenant with said Assignee that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been, or will be, made to others by me/us, and that full right to convey the same as herein expressed is possessed by me/us.

I/We hereby authorize said Assignee to insert on this Assignment the serial number and filing date of the above-identified application when they become available.

IN WITNESS WHEREOF, having read the aforesaid Assignment and intending to be legally bound thereby, I have hereunto affixed my hand and seal on this

22nd day of August, 2023
(day) (month) (year)

Name: **Timothy R. Dillingham**

Address: **3900 City Avenue, Apt. W1104**
Philadelphia, PA 19131

STATE/Commonwealth of

SS :

COUNTY OF _____ :

Before me, a notary public, in and for the State/Commonwealth and County aforesaid, on this

_____ day of _____, _____
(day) (month) (year)

personally appeared **Timothy R. Dillingham**

who being to me personally known, and who having first executed the foregoing instrument in my presence and having been by me first duly sworn, did acknowledge the foregoing instrument as his/her free deed and act, signed, sealed and delivered by him/her for the purpose therein stated and intending to be legally bound thereby and intending that said instrument be recorded.

(SEAL)

NOTARY PUBLIC

My Commission Expires: