508449966 03/20/2024

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Jacob Anton Colantonio	04/27/2017

RECEIVING PARTY DATA

Company Name:	PIONEER SURGICAL TECHNOLOGY, INC.	
Street Address:	375 RIVER PARK CIRCLE	
City:	MARQUETTE	
State/Country:	MICHIGAN	
Postal Code:	49855	

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	17526766

CORRESPONDENCE DATA

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using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

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Jason H. Vick Correspondent Name: Address Line 1: 1560 Broadway Address Line 2: **Suite 1200**

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ATTORNEY DOCKET NUMBER:	8593-133-CON-CIP-4	
NAME OF SUBMITTER:	Joanne Vos	
SIGNATURE:	Joanne Vos	
DATE SIGNED:	03/20/2024	

Total Attachments: 5

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PATENT REEL: 066845 FRAME: 0604 508449966

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION AND ASSIGNMENT THEREOF

As a below named inventor, I hereby declare that:

The below-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.

Apparatus and Method for Enlarging an Incision (Title of Invention) the specification of which: is attached hereto, or was filed by an authorized person on my behalf on December 16, 2016 as United States Application Number or PCT International Application Number 15/382,192 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the filing date of the continuation-in-part application.

I, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign and sell, which confirms any previous assignment by me or by operation of law, to Pioneer Surgical Technology, Inc., a Michigan corporation, having its principal place of business at 375 River Park Circle, Marquette, Michigan, 49855, United States of America ("Assignee"), its successors, assigns, and legal

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PATENT REEL: 066845 FRAME: 0605 representatives, the entire right, title, and interest, in and to all subject matter and improvements invented, made, or conceived by me and described in the application for patent identified above and in and to all patent and all patent convention and treaty rights of all kinds, including the right to claim priority from said application, and all rights in and to any utility model, continuation, continuation-in-part, and divisional application therefrom, and any reissue or re-examination as to any patent issuing therefrom, in all countries throughout the world, for all such subject matter described therein, including all rights of action and rights to recover damages for past infringements.

I agree that on request and without further consideration, I will communicate to the Assignee or its representatives or nominees any facts known to me respecting the inventions and improvements and testify in any legal proceeding, make all rightful oaths, sign all lawful papers, and execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent, utility model, or other similar rights in all countries including, but not limited to, any provisional, non-provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, for any derivation proceedings relating thereto, and, as to any patents that issue from such applications, for any supplemental examination, derivation proceeding, opposition, post grant review, reissue, re-examination, *inter partes* review, or extension thereof, and generally do everything possible to aid the Assignee, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true.

I hereby 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.

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Legal Name of Inventor: (Given names first, with Family name last)	Scott J. Perrow		
Inventor's Signature:	- SAPa-		
Date:	4/27/17		
Inventor's Address:	1545 Cypress Street Ishpeming, Michigan 49849 United States of America		
State of Michigan) ss		
County of Marquette)			
for said State, personally appeared proved to me on the basis of satisf subscribed to the within instrument in his authorized capacity, and that	17, before me, John Sullivan, a Notary Public in and SCOTT J. PERROW, personally known by me (or actory evidence) to be the person whose name is and acknowledged to me that he executed the same by his signature on the instrument the person, or erson acted, executed the instrument.		
WITNESS my hand and official seal.			
Notary Public	Mapilius Mhos		
My Commission Expires: Notary public, Marquette County, Michigan My commission expires August 24, 2020			

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Attorney Docket 7115-139801-US

Legal Name of Inventor: (Given names first, with Family name last)	Bruce Anthony Riceman
Inventor's Signature:	
Date:	January 12, 2017
Inventor's Address:	1500 Moss Creek Drive Leander, Texas 78641 United States of America
State of <u>Texas</u> County of <u>Tras75</u>) SS
personally known by me (or proved the person whose name is subscribed that he executed the same in his auth	before me, <u>Celli Bradski</u> , a personally appeared BRUCE ANTHONY RICEMAN, to me on the basis of satisfactory evidence) to be to the within instrument and acknowledged to me to the within instrument and acknowledged to me to the bon behalf of which the person acted, executed the
WITNESS my hand and official seal.	CELLI BRADSHAW
(Ma Budd'10) Notary Public	MARCH 2, 2017
My Commission Expires: 3/2/a	<i>b/7</i>

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	. J				

Legal Name of Inventor: (Given names first, with Family name last)	Jacob Anton Colantonio
Inventor's Signature:	J. Car.
Date:	
Inventor's Address:	419 Quarry Road Marquette, Michigan 49855 United States of America
State of <u>Michigan</u> County of <u>Marquette</u>)) ss
for said State, personally appeared me (or proved to me on the basis of is subscribed to the within instrume same in his authorized capacity, and or the entity upon behalf of which th	17, before me, John Sullivan, a Notary Public in and JACOB ANTON COLANTONIO, personally known by satisfactory evidence) to be the person whose name ent and acknowledged to me that he executed the that by his signature on the instrument the person, e person acted, executed the instrument.
WITNESS my hand and official seal.	
Notary Publid Notary pub My Commission Expires: My comm	JOHN SULLIVAN IIc, Marquette County, Michigan Ission expires August 24, 2020

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