

PATENT ASSIGNMENT COVER SHEET

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Assignment ID: PATI218417

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Daniel SMYTH	09/01/2020
RECEIVING PARTY DATA	
Company Name:	Cochlear Limited
Street Address:	1 University Avenue
City:	Macquarie University
State/Country:	AUSTRALIA
Postal Code:	2109
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16982713
CORRESPONDENCE DATA	
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<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>	
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Correspondent Name:	Martin J. Cosenza
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ATTORNEY DOCKET NUMBER:	5441-142
NAME OF SUBMITTER:	David Smith
SIGNATURE:	David Smith
DATE SIGNED:	05/08/2024
Total Attachments: 1	
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ASSIGNMENT

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

PROSTHESIS MANAGEMENT OF BODY PHYSIOLOGY

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

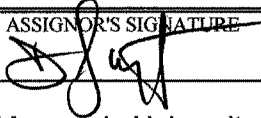
(hereinafter referred to as Assignee), is desirous of securing the entire right, title, and interest in and to this invention, the application for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

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, 2000 Duke St., Suite 300, 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 1) Daniel SMYTH	ASSIGNOR'S SIGNATURE 	DATE (required) 01/09/2020
ADDRESS c/o Cochlear Limited, 1 University Avenue, Macquarie University, NSW 2109 Australia		CITIZENSHIP IRISH
2. FULL NAME OF SECOND ASSIGNOR, IF ANY	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS		CITIZENSHIP
3. FULL NAME OF THIRD ASSIGNOR, IF ANY	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS		CITIZENSHIP
4. FULL NAME OF FOURTH ASSIGNOR, IF ANY	ASSIGNOR'S SIGNATURE	DATE (required)
ADDRESS		CITIZENSHIP