

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

Assignment ID: PATI637880

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Jeffrey Ralph Swift	02/15/2019
Jason Swift	02/15/2019
Matthew Traub	02/15/2019
Nicholas Lauder	02/12/2019
RECEIVING PARTY DATA	
Company Name:	OBP Medical Corporation
Street Address:	360 Merrimack Street
City:	Lawrence
State/Country:	MASSACHUSETTS
Postal Code:	01843
PROPERTY NUMBERS Total: 2	
Property Type	Number
Application Number:	16659924
Application Number:	17014385
CORRESPONDENCE DATA	
Fax Number:	8777697945
<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:	6175425070
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Address Line 4:	Minneapolis, MINNESOTA 55440-1022
ATTORNEY DOCKET NUMBER:	19671-0678002
NAME OF SUBMITTER:	Cheryl Forrest
SIGNATURE:	Cheryl Forrest
DATE SIGNED:	11/18/2024
Total Attachments: 5	

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source=Assignment from Inventors to OBP Medical Corporation#page4.tiff
source=Assignment from Inventors to OBP Medical Corporation#page5.tiff

ASSIGNMENT

WHEREAS, I, the below-named ASSIGNOR, am the inventor of the invention(s) described in one or more of the following patent application(s):

APPLICATION NUMBER	COUNTRY	FILING DATE	TITLE
	US		ILLUMINATED MEDICAL DEVICES
	PCT		ILLUMINATED MEDICAL DEVICES

And WHEREAS, OBP Medical Corporation, a corporation having its principal place of business at 360 Merrimack Street, Lawrence, MA 01843, ("ASSIGNEE"), desires to acquire the entire right, title, and interest in and to the invention(s) and the above-listed application(s), and in and to all applications for patent to be filed and all patents to be issued for the invention(s) and/or claiming priority to any of the above-listed application(s), throughout the world;

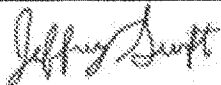
NOW, THEREFORE, be it known that, for US\$ 1.00 and other good and valuable consideration the receipt of which from ASSIGNEE is hereby acknowledged, ASSIGNOR has sold, assigned, transferred, and set over, and does hereby sell, assign, transfer, and set over unto ASSIGNEE, its lawful successors and assigns, the entire right, title, and interest in and to the invention(s) and the above-listed patent application(s), and all nonprovisional, foreign, and PCT applications claiming priority thereto, and divisions and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of the above-listed application(s), and all Letters Patent which may be granted on the invention(s) and/or on applications claiming priority to the above-listed application(s), in any foreign country, and all extensions, renewals, and reissues thereof;

AND, ASSIGNOR hereby authorizes and requests the Commissioner for Patents and Trademarks of the United States, and any official of any foreign country whose duty it is to issue patents, to issue all Letters Patent for the invention(s) and/or the above-listed application(s) and related foreign applications to ASSIGNEE, its successors and assigns, in accordance with the terms of this ASSIGNMENT;

AND, ASSIGNOR further covenants and agrees that ASSIGNOR will, without further consideration, communicate with ASSIGNEE, its successors and assigns, any facts known to ASSIGNOR respecting the invention(s) and/or the above-listed applications, and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver any and all papers that may be necessary or desirable to perfect title to the invention(s) and/or the above-listed application(s) in said ASSIGNEE, its successors or 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 the invention(s) and/or the above-listed application(s) in the United States and any foreign country, it being understood that any expense incident to the execution of such papers shall be borne by ASSIGNEE, its successors and assigns.

AND, ASSIGNOR further covenants and agrees that ASSIGNOR will assign, and hereby does assign, to ASSIGNEE, its lawful successors and assigns, ASSIGNOR'S entire right, title, and interest in and to any and all patent applications and patents, both United States and foreign, that claim priority to the above-listed application(s) (including continuations-in part).

IN TESTIMONY WHEREOF, I hereunto set my hand the day and year corresponding to my signature:

1	ASSIGNOR	FAMILY NAME OR SURNAME	GIVEN NAME	MIDDLE NAME	
		SWIFT	Jeffrey	Ralph	
	MAILING ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		P.O. Box 932	Boca Grande	FL	33921
	SIGNATURE OF ASSIGNOR				DATE 2/15/2019
	WITNESS #1	NAME	SIGNATURE	DATE	
WITNESS #2	NAME	SIGNATURE	DATE		

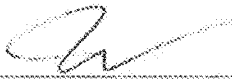
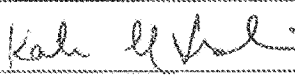
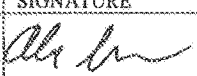
2	ASSIGNOR	FAMILY NAME OR SURNAME	GIVEN NAME	MIDDLE NAME	
		SWIFT	Jason		
	MAILING ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		9 Gove Drive	Newburyport	MA	01950
	SIGNATURE OF ASSIGNOR				DATE
	WITNESS #1	NAME	SIGNATURE	DATE	
WITNESS #2	NAME	SIGNATURE	DATE		

3	ASSIGNOR	FAMILY NAME OR SURNAME	GIVEN NAME	MIDDLE NAME	
		TRAUB	Matthew		
	MAILING ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		5 Blueberry Hill Rd	Andover	MA	01810
	SIGNATURE OF ASSIGNOR				DATE
	WITNESS #1	NAME	SIGNATURE	DATE	
WITNESS #2	NAME	SIGNATURE	DATE		

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IN TESTIMONY WHEREOF, I hereunto set my hand the day and year corresponding to my signature:

1	ASSIGNOR	FAMILY NAME OR SURNAME SWIFT	GIVEN NAME Jeffrey	MIDDLE NAME Ralph	
	MAILING ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		P.O. Box 932	Boca Grande	FL	33921
	SIGNATURE OF ASSIGNOR				DATE
	WITNESS #1	NAME	SIGNATURE	DATE	
	WITNESS #2	NAME	SIGNATURE	DATE	

2	ASSIGNOR	FAMILY NAME OR SURNAME SWIFT	GIVEN NAME Jason	MIDDLE NAME	
	MAILING ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		9 Gove Drive	Newburyport	MA	01950
	SIGNATURE OF ASSIGNOR				DATE 02/15/19
	WITNESS #1	NAME Kate Leslie	SIGNATURE 	DATE 02/15/19	
	WITNESS #2	NAME Alex Goguen	SIGNATURE 	DATE 02/15/19	

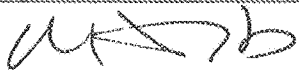
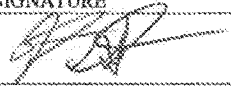
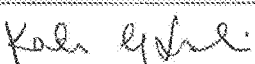
3	ASSIGNOR	FAMILY NAME OR SURNAME TRAUB	GIVEN NAME Matthew	MIDDLE NAME	
	MAILING ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		5 Blueberry Hill Rd	Andover	MA	01810
	SIGNATURE OF ASSIGNOR				DATE
	WITNESS #1	NAME	SIGNATURE	DATE	
	WITNESS #2	NAME	SIGNATURE	DATE	

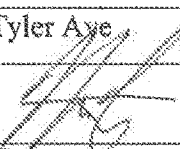
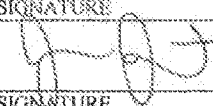
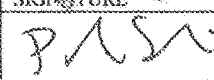
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IN TESTIMONY WHEREOF, I hereunto set my hand the day and year corresponding to my signature:

1	ASSIGNOR	FAMILY NAME OR SURNAME	GIVEN NAME	MIDDLE NAME	
		SWIFT	Jeffrey	Ralph	
	MAILING ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		P.O. Box 932	Boca Grande	FL	33921
	SIGNATURE OF ASSIGNOR				DATE
WITNESS #1	NAME	SIGNATURE	DATE		
WITNESS #2	NAME	SIGNATURE	DATE		

2	ASSIGNOR	FAMILY NAME OR SURNAME	GIVEN NAME	MIDDLE NAME	
		SWIFT	Jason		
	MAILING ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		9 Gove Drive	Newburyport	MA	01950
	SIGNATURE OF ASSIGNOR				DATE
WITNESS #1	NAME	SIGNATURE	DATE		
WITNESS #2	NAME	SIGNATURE	DATE		

3	ASSIGNOR	FAMILY NAME OR SURNAME	GIVEN NAME	MIDDLE NAME	
		TRAUB	Matthew		
	MAILING ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		5 Blueberry Hill Rd	Andover	MA	01810
	SIGNATURE OF ASSIGNOR				DATE 2/15/19
WITNESS #1	NAME	SIGNATURE	DATE		
	Jonathan Swift		2/15/19		
WITNESS #2	NAME	SIGNATURE	DATE		
	Kate Leslie		2/15/19		

4	ASSIGNOR	FAMILY NAME OR SURNAME		GIVEN NAME		MIDDLE NAME	
		LAUDER		Nicholas			
	MAILING ADDRESS	STREET		CITY		STATE OR COUNTRY	ZIP CODE
		45 Tyler Ave		Medford		MA	02155
	SIGNATURE OF ASSIGNOR					DATE	
						2/12/2019	
WITNESS #1	NAME		SIGNATURE		DATE		
	Joseph Talbert				12-FEB-2019		
WITNESS #2	NAME		SIGNATURE		DATE		
	Paul Snow				12-FEB-2019		