

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM513846

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT		
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Entity Type previously recorded on Reel 006386 Frame 0845. Assignor(s) hereby confirms the Trademark Assignment.		
RESUBMIT DOCUMENT ID:	900488648		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Rehabilitation Institute of Chicago Enterprises		05/01/2018	Corporation: ILLINOIS
RECEIVING PARTY DATA			
Name:	Rehabilitation Institute of Chicago		
Doing Business As:	DBA Shirley Ryan AbilityLab		
Street Address:	355 East Erie Street		
City:	Chicago		
State/Country:	ILLINOIS		
Postal Code:	60611		
Entity Type:	Non-Profit Corporation: ILLINOIS		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3261951	KINEASSIST	
CORRESPONDENCE DATA			
Fax Number:	3125693000		
<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:	3125691459		
Email:	linda.prainito@dbr.com		
Correspondent Name:	Drinker Biddle & Reath LLP		
Address Line 1:	191 North Wacker Drive, Suite 3700		
Address Line 2:	c/o Melissa S. Dillenbeck, Esq.		
Address Line 4:	Chicago, ILLINOIS 60606		
ATTORNEY DOCKET NUMBER:	770118 - RIC CORRECTIVE		
NAME OF SUBMITTER:	Melissa S. Dillenbeck		
SIGNATURE:	/Melissa S. Dillenbeck/		
DATE SIGNED:	03/12/2019		

Total Attachments: 2

source=3261951 original cover sheet assignment-tm-6386-0845#page1.tif

source=3261951 original cover sheet assignment-tm-6386-0845#page2.tif

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM474210

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Rehabilitation Institute of Chicago Enterprises		05/01/2018	Corporation: ILLINOIS
RECEIVING PARTY DATA			
Name:	Rehabilitation Institute of Chicago		
Doing Business As:	Shirley Ryan Ability Lab		
Street Address:	355 E. Erie Street		
City:	Chicago		
State/Country:	ILLINOIS		
Postal Code:	60611		
Entity Type:	Corporation: ILLINOIS		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3261951	KINEASSIST	
CORRESPONDENCE DATA			
Fax Number:	3125693000		
<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:	312-569-1459		
Email:	ipdockets@dbr.com		
Correspondent Name:	Melissa S. Dillenbeck		
Address Line 1:	191 N. Wacker Drive		
Address Line 2:	Suite 3700		
Address Line 4:	Chicago, ILLINOIS 60606		
NAME OF SUBMITTER:	Melissa S. Dillenbeck		
SIGNATURE:	/Melissa S. Dillenbeck/		
DATE SIGNED:	05/16/2018		
Total Attachments: 1			
source=Assignment for KINEASSIST US Reg. 3261951#page1.tif			

OP \$40.00 3261951

UNITED STATES TRADEMARK ASSIGNMENT

This United States Trademark Assignment (the “Assignment”) is entered into as of May 1, 2018 by and between Rehabilitation Institute of Chicago d/b/a Shirley Ryan Ability Lab (together with its successors and assigns, in such capacity, the “Assignee”), and Rehabilitation Institute of Chicago Enterprises, an Illinois Corporation, (together with its successors and permitted assigns, the “Assignor”).

WHEREAS, Assignor owns all right, title and interest in and to the trademark KINEASSIST – U.S. Reg. No. 3,261,951 (hereinafter, the “Mark”), including the goodwill associated therewith; and

WHEREAS, Assignee desires to acquire all right, title and interest in and to the Mark, including the goodwill associated therewith.

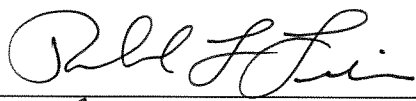
NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged:

1. Assignor hereby assigns to Assignee all of its right, title and interest in and to the Mark, including any and all applications and registrations therefor, and including the goodwill of the business symbolized thereby, and all rights to sue, bring actions and recover and hold damages, profits and other compensation for any and all past and future infringements and unauthorized use of the Mark.

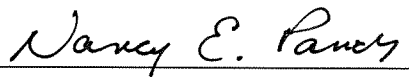
2. Assignor authorizes and requests the United States Patent and Trademark Office to record Assignee as the owner of the entire right, title and interest in and to the Mark, for the sole use and enjoyment of Assignee.

IN WITNESS WHEREOF, Assignor and Assignee, intending to be legally bound hereby, have executed and delivered this Assignment on the date first written above.

**Rehabilitation Institute of Chicago
d/b/a Shirley Ryan Ability Lab**

By: 
Name: Richard L. Lieber
Title: Chief Scientific Officer

**Rehabilitation Institute of Chicago
Enterprises**

By: 
Name: NANCY E. PARISON
Title: CORPORATE SECRETARY