

04-06-2001



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U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office

To the Honorable Commissioner of

101657661

Attached original documents or copy thereof.

1. Name of conveying party(ies)

Ian Douglas Hocking
Erica Angelica Hocking-Burl

3/21/01

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
- ☐ Security Agreement ☐ Change of Name
- ☐ Other _____

Execution Dates **December 18, 2000 & January 5, 2001**

2. Name and address of receiving party(ies)

Name: **Contract Commercial Products, Inc.**

Internal Address: _____

Street Address: **1848 West 11th Street, Suite M**City: **Upland** State: **CA** ZIP: **91786**Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

U.S. Pat. No. **5,645,164**
U.S. Patent Application Serial No. **09/268,962**
PCT Patent Application Serial No. **PCT/US/97/112**
Japanese Patent Application Serial No. **10-505244**
European Patent Application Serial No. **97932362.3**
Australian Patent Application Serial No. **35840/97**

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **Denton L. Anderson**Internal Address: **SHELDON & MAK**Street Address: **225 South Lake Avenue - 9th Floor**City: **Pasadena** State: **CA** ZIP: **91101**

6. Total number of applications and patents involved:

Six

7. Total fee (37 CFR 3.41)..... **\$240.00**☒ Enclosed☐ Authorized to be charged to deposit account

8. Deposit account number:

19-2090

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Denton L. Anderson
Name of Person Signing
Signature**March 19, 2001**
DateTotal number of pages comprising cover sheet: **1**

OMB No. 0651-0011 (exp 4/94)

04/05/2001 TDI A21 00000097 09268962

01 FC:581

240.00 OP

PATENT
REEL: 011648 FRAME: 0258

DECLARATION UNDER CALIFORNIA PROBATE CODE 13100
AND ASSIGNMENT OF PATENT RIGHTS

The undersigned, Ian Douglas Hocking and Erica Angelica Hocking-Buri, declare as follows:

1. We are the only children and therefore the successors in interest of decedent, Homer Douglas Hocking, who died in San Bernardino County, California, on May 28, 1999.

2. At least 40 days have elapsed since the death of the decedent, as shown in the certified copy of the decedent's death certificate attached to this Declaration.

3. No proceeding is being or has been conducted in California for administration of the decedent's estate.

4. The gross value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred thousand dollars (\$100,000.00).

5. Decedent died without a will and, under Section 6402 under the California Probate Code, we are decedent's sole heirs at law and the successors of the decedent, as defined in Section 13006 of the California Probate Code to the decedent's interest in the decedent's estate.

6. During his lifetime, the decedent owned the following described property:

U.S. Patent No. 5,645,164

U.S. Patent Application Serial No. 09/268,962

PCT Patent Application Serial No. PCT/US/97/112

Japanese Patent Application Serial No. 10-505244

European Patent Application Serial No. 97932362.3

Australian Patent Application Serial No. 35840/97

7. On August 8, 1998, the decedent attempted to assign his rights to the described property to Contract Commercial Products pursuant to an assignment document, a copy of which is also attached to this Declaration.

8. If the assignment fails to transfer any or all of the described property to Contract Commercial Products, the undersigned are the sole owners of the remainder of said described property.

9. For good consideration, the receipt of which is hereby acknowledged, we the undersigned hereby assign title to any and all of our ownership interest in the above-described property, namely, the following patents and patent applications:

U.S. Patent No. 5,645,164

U.S. Patent Application Serial No. 09/268,962

PCT Patent Application Serial No. PCT/US/97/112

Japanese Patent Application Serial No. 10-505244

European Patent Application Serial No. 97932362.3

to Contract Commercial Products.

Dated: 12-18-2000

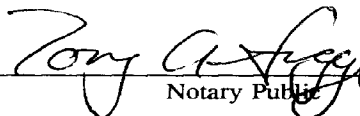
By: 
Ian Douglas Hocking

)
)
) ss:

On DECEMBER 18, 2000, before the undersigned, a Notary Public for the Country/State and County aforesaid, personally appeared **Ian Douglas Hocking**, known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above assignment, and acknowledged that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.




Notary Public

Dated: 1/5/01


By: 
Erica Angelica Hocking-Buri

State of Washington,
County of King, ss:

On January 5, 2001, before the undersigned, a Notary Public for the Country/State and County aforesaid, personally appeared **Erica Angelica Hocking-Buri**, known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above assignment, and acknowledged that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.




Notary Public

ASSIGNMENT OF PATENT

FOR GOOD AND VALUABLE CONSIDERATION, RECEIPT OF WHICH IS HEREBY
ACKNOWLEDGED:

I, HOMER DOUGLAS HOCKING, DO HEREBY ASSIGN, SELL AND TRANSFER TO
CONTRACT COMMERCIAL PRODUCTS, SOLELY OWNED BY ELLEN REINHARDT,
ALL RIGHTS, TITLE AND INTEREST IN AND TO U.S. PATENT #5645164
AND ANY ADDITIONAL PATENT APPLICATIONS PURSUANT TO THE BETTER PAINT
TRAY PRODUCT LINE AS OF THIS DATE, AUGUST 8, 1998.

SIGNED


HOMER DOUGLAS HOCKING, PAT. HOLDER

DATE

8-8-98

SIGNED


BARRY VANTIGER CFO

DATE

8/8/98

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-13 (REV. 7/87)		LOCAL REGISTRATION NUMBER		
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Homer		2. MIDDLE Douglas		3. LAST (FAMILY) Hocking	
	4. DATE OF BIRTH MM/DD/CCYY 03/10/1939		5. AGE YRS. 60		6. SEX Male	
	7. DATE OF DEATH MM/DD/CCYY 05/28/1999		8. HOUR 0632			
	9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 558-50-0931		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS DIV		13. EDUCATION—YEARS COMPLETED 12			
	14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Contract Commercial Products	
	17. OCCUPATION Foreman		18. KIND OF BUSINESS Construction		19. YEARS IN OCCUPATION 45	
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 552 Rose Quartz Dr					
	21. CITY Lake Arrowhead		22. COUNTY San Bernardino		23. ZIP CODE 92352	
	24. YRS IN COUNTY 15		25. STATE OR FOREIGN COUNTRY CA			
INFORMANT	26. NAME, RELATIONSHIP Ellen Reinhardt - Friend		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. Box 2275, Lake Arrowhead, Ca. 92352			
	28. NAME OF SURVIVING SPOUSE—FIRST —		29. MIDDLE —		30. LAST (MAIDEN NAME) —	
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST Paul		32. MIDDLE Unknown		33. LAST Hocking	
	34. BIRTH STATE AZ		35. NAME OF MOTHER—FIRST Elizabeth		36. MIDDLE Jemella	
	37. LAST (MAIDEN) Frank		38. BIRTH STATE Unk			
	39. DATE MM/DD/CCYY 06/03/1999		40. PLACE OF FINAL DISPOSITION Ellen Reinhardt, Friend, 1848 #M W. 11th St., Upland, Ca. 91786			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO. —	
	44. NAME OF FUNERAL DIRECTOR Richardson-Peterson Mortuary		45. LICENSE NO. ED-737		46. SIGNATURE OF LOCAL REGISTRAR [Signature]	
	47. DATE MM/DD/CCYY 06/02/1999					
PLACE OF DEATH	101. PLACE OF DEATH San Antonio Comm Hosp		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
	104. COUNTY San Bernardino		105. CITY Upland			
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) ASCVD				TIME INTERVAL BETWEEN ONSET AND DEATH yrs	
	DUE TO (B)				108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 99-3245 DC	
	DUE TO (C)				109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (D)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO					
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None					
PHYSI- CIAN'S CERTIFI- CATION	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY DECEDENT LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]	
	116. LICENSE NO. —		117. DATE MM/DD/CCYY —		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP —	
CORONER'S USE ONLY	119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJUR. DATE MM/DD/CCYY —	
	122. HOUR —		123. PLACE OF INJURY —		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) —	
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) —					
STATE REGISTRAR	126. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		127. DATE MM/DD/CCYY 06/02/1999		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER David Carter, Deputy Coroner	
	129. FAX AUTH. # 4286309		130. CENSUS TRACT 11000		4292	

1004077

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED

06/07/1999

This is a true and exact reproduction of the document officially registered and placed
on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PATENT

RECORDED: 05/24/2004

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILE: 011648 FRAME: 0262