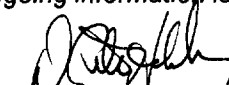


Form PTO-1595 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings $\Rightarrow \Rightarrow \Rightarrow$	<b>RECOF</b> <div style="font-size: 1.5em; font-weight: bold;">05-08-2003</div>	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patent		final documents or copy thereof.
1. Name of conveying party(ies): <u>5-6-03</u> <u>Andrew Z. Menceles</u>  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<div style="text-align: center; font-size: 1.2em; font-weight: bold;">102442800</div> 2. Name and address of receiving party(ies) Name: <u>Cosmoda Concept Corporation</u> Internal Address: _____ _____ Street Address: <u>15 Kodiak Crescent</u> _____ City: <u>Toronto</u> State: <u>Ontario</u> Zip: <u>M3J 3E5</u> <div style="text-align: right;">Canada</div> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____  Execution Date: <u>February 5, 2003</u>		
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No.(s) <u>10/230,858</u> <u>10/231,343</u> B. Patent No.(s) _____ Additional numbers attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>D. Peter Hochberg</u> Internal Address: _____ _____ Street Address: <u>1940 East 6th Street - 6th Floor</u> _____ City: <u>Cleveland</u> State: <u>OH</u> Zip: <u>44114</u>	6. Total number of applications and patents involved: <u>4</u> 7. Total fee (37 CFR 3.41).....\$ <u>160.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account)	
DO NOT USE THIS SPACE		
9. Statement and signature. <i>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.</i> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 30%;"> <u>D. Peter Hochberg</u>            Name of Person Signing         </div> <div style="width: 30%; text-align: center;">             Signature         </div> <div style="width: 30%; text-align: right;"> <u>May 12 2003</u>            Date         </div> </div> <div style="text-align: right; margin-top: 10px;">         Total number of pages including cover sheet, attachments, and documents: <u>9</u> </div>		

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 Mail documents to be recorded with required cover sheet information to:  
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**ATTACHMENT FOR RECORDATION FORM COVER SHEET**

**PATENTS ONLY (Form PTO-1595)**

1. Name of conveying party(ies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional name(s) of conveying party(ies) attached?

☐ Yes ☒ No

2. Name and address of receiving party(ies)

Name: \_\_\_\_\_

Internal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name and address of receiving party(ies)

Name: \_\_\_\_\_

Internal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Additional name(s) & address(es) attached?

☐ Yes ☒ No

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

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

A. Patent Application No.(s)

29/166,869 \_\_\_\_\_

29/166,870 \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

B. Patent No.(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional numbers attached?

☐ Yes ☒ No

**WORLDWIDE ASSIGNMENT**

I, Andrew Menceles, whose full post office address is 55 Millersgrove Drive, Willowdale Ontario Canada M2R3S1, for good and valuable consideration, the receipt of which is hereby acknowledged, do hereby sell and assign to COSMODA CONCEPT CORPORATION, whose full post office address is 15 Kodiak Crescent, Toronto, Ontario, Canada, M3J 3E5, all of my interest worldwide, in and to my inventions relating to the patents and designs as described in the applications listed in the attached Schedule "A" as fully described and claimed in the said applications for patents and design applications for such inventions, and to all my corresponding right, title and interest in and to any patent or design registration which may issue therefor.

I further agree, without any further consideration other than reimbursement of reasonable out-of-pocket expenses, to provide all reasonable and necessary assistance which may be required to obtain patent or design protection in any jurisdiction for said inventions and designs or to defend any of said patents or designs in any jurisdiction.

DATED at Toronto, this 5 day of February, 2003.

Andrew Menceles

**AFFIDAVIT OF EXECUTION**

I, Andrew Menceles, whose full post office address is 55 Millersgrove Drive, MAKE OATH AND SAY: Willowdale Ontario CANADA M2R3S1

THAT I executed as my voluntary act and deed the foregoing assignment and that I executed it for the purposes therein set forth.

SWORN BEFORE ME in the City of )

Toronto, Province of )

Ontario, Canada, this )

5<sup>th</sup> day of February, 2003. )

[Signature]  
Notary Public/Commissioner of Oaths

[Signature]