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103044050
PATENT ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

MACCHIA FAMILY LIVING TRUST

2. Name and address of receiving party(ies)

Name: HOIST FITNESS SYSTEMS

Internal Address: SUITE 130

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

3. Nature of conveyance/Execution Date(s):

Execution Date(s) June 13, 2005

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other

Street Address: 9990 EMPIRE STREET

City: SAN DIEGO

State: CA

Country: U.S.A. Zip: 92126

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

A. Patent Application No.(s)

☐ This document is being filed together with a new application.

B. Patent No.(s)

5,842,961

Additional numbers attached? ☐ Yes ☒ No

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

Name: Katherine Proctor

Internal Address: Suite 1600

Street Address: 101 West Broadway

City: San Diego

State: CA Zip: 92101

Phone Number: 619-696-6700

Fax Number: 619-696-7124

Email Address: edipdockeet@gordonrees.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$40

- ☐ Authorized to be charged by credit card
☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 501990

Authorized User Name Nell F. Martin

9. Signature:

Katherine Proctor

Signature

July 7, 2005

Date

BYRNE 00000001 501990 5842961

KATHERINE PROCTOR

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

4

Documents to be recorded (including cover sheet) should be faxed to (703) 308-2995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

ASSIGNMENT

TO WHOM IT MAY CONCERN:

For the sum of One Dollar and other valuable consideration to me in hand paid, receipt of which is hereby acknowledged, be it known that Assignor, MACCHIA FAMILY LIVING TRUST, having an address at 1751 Skyloft Lane, Encinitas, California 92024, has sold, assigned and transferred and by these presents does sell, assign, transfer and set over unto Assignee, HOIST FITNESS SYSTEMS, a California corporation, having a place of business at 9990 Empire Street, San Diego, California 92126, and Assignee's successors, legal representatives, or assigns, the whole right, title and interest in and to any and all improvements which are disclosed in the invention entitled " EXERCISE MACHINE," and which is found in U.S. Patent No. 5,842,961, issued December 1, 1998, and all original and reissue patents granted thereof, and all divisions and continuations thereof, including the subject-matter of any and all claims which may be obtained in every such patent, and all foreign rights to said invention, and Assignor covenants that it has full right to do so, and Assignor agrees that it will communicate to said Assignee or its representatives all facts known respecting said invention, whenever requested, and testify in any legal proceedings, sign all lawful papers, make all rightful oaths and generally do everything possible to aid said Assignee, its successors, assigns, and nominees to obtain and enforce proper patent protection for said invention in all countries.

Done at 1751 Skyloft Lane, Encinitas, CA 92024 this 13th day
of June, 2005.

MACCHIA FAMILY LIVING TRUST

Signature: Gerald G. Macchia, So Trustee
Printed Name: GERALD G MACCHIA " "
Trustee

State of California

County of San Diego) ss.

On June 13, 2005 before me, the undersigned Notary Public in and

for said County and State, personally appeared Gerald G. Macchia

 personally known to me

or

✓ proved to me on the basis of satisfactory evidence to be

The person (s) whose name (s) is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity (ies) and that by his/her/their signatures (s) on the instrument the person (s),
or the entity upon behalf of which the person (s) acted, executed the instrument.

Witness my hand and official seal,

Kale K. Tapia
(Signature of Notary)

