

FORM PTO-1619A
Expires 06/30/99
OMB 0651-0027

U.S. Department of Commerce
Patent and Trademark Office
PATENT

RECORDATION FORM COVER SHEET PATENTS ONLY

TO: The Commissioner of Patents and Trademarks; Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)
Document ID#

Correction of PTO Error
Reel # Frame #

Corrective Document
Reel # Frame #

Conveyance Type

Assignment **Security Agreement**

License **Change of Name**

Merger **Other**

U.S. Government
(For Use ONLY by U.S. Government Agencies)

Departmental File **Secret File**

Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1) Execution Date Month Day Year

Name (line 2)

Second Party

Name (line 1) Execution Date Month Day Year

Name (line 2)

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1) If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)
City State/Country Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to **PATENT**
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

700327928

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OP \$40.00 11586847

FORM PTO-1619B
Expires 06/30/99
OMB 0951-0027

Page 2

U.S. Department of Commerce
Patent and Trademark Office
PATENT

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Application Number(s) or Patent Number(s)

Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT PCT PCT
PCT PCT PCT

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment:
Deposit Account

Enclosed Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

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. Charges to deposit account are authorized, as indicated herein.

Bradley P. Heisler



6-4-07

Name of Person Signing

Signature

Date

FORM PTO-1619C
Expires 05/30/99
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RECORDATION FORM COVER SHEET CONTINUATION PATENTS ONLY

U.S. Department of Commerce
Patent and Trademark Office
PATENT

Conveying Party(ies)

Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Execution Date
Month Day Year

Name (line 1)

Name (line 2)

Execution Date
Month Day Year

Name (line 1)

Name (line 2)

Execution Date
Month Day Year

Name (line 1)

Name (line 2)

Receiving Party(ies)

Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

Name (line 1)

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)
City State/Country Zip Code

Name (line 1)

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)
City State/Country Zip Code

Application Number(s) or Patent Number(s)

Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

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ASSIGNMENT

I, Calvin W. Schiefferly, in consideration of the sum of one dollar (\$1.00) and other good and valuable consideration paid to the undersigned, agree to assign, and hereby do assign, transfer and set over to State of California, Department of Transportation, whose address is 1120 N Street, MS-57, Sacramento, CA 95814, the entire right, title and interest in and to the invention known as: MOBILE WORK ZONE PROTECTION DEVICE, for which an application for patent in the United States Patent and Trademark Office has been filed on October 24, 2006 and received Application No. 11/586,847.

1) The undersigned agrees to execute all papers necessary in connection with each application to protect the invention, and any continuing or divisional applications thereof, and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

2) The undersigned agrees to execute all papers necessary in connection with any interference which may be declared concerning any application relating to the invention, or any continuation or division thereof, and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with any such interference.

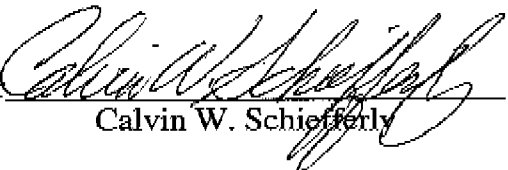
3) The undersigned agrees to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

4) The undersigned hereby authorizes and requests the Commissioner of Patents and Trademarks, and all equivalent foreign officials, to assign any and all Letters Patent resulting from said application or any divisions or continuing applications thereof to the Assignee, as Assignee of the entire interest, and hereby covenant that Assignor has full right to convey the entire interest herein assigned, and that Assignor has not executed, and will not execute, any agreement in conflict herewith.

5) The undersigned agrees to perform all affirmative acts which may be necessary to obtain a grant of valid patents to the Assignee relating to the invention.

6) The undersigned hereby grants the Assignee and its duly authorized representatives the power to insert on this assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office, and any equivalent foreign office, for recordation of this document.

Date May 7, 2007 Name of Inventor Calvin W. Schiefferly


Calvin W. Schiefferly

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Sacramento } ss.

On 5/7/07 before me, Susan Morandi Kukrall
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Calvin W. Schiefferly
Name(s) of Signer(s)

personally known to me

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 signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

WITNESS my hand and official seal.

[Signature]

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment

Document Date: 5/7/07 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Calvin W. Schiefferly

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here



Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____

Signer Is Representing: State of California
Dept of Transportation

ASSIGNMENT

I, Angela E. Wheeler, in consideration of the sum of one dollar (\$1.00) and other good and valuable consideration paid to the undersigned, agree to assign, and hereby do assign, transfer and set over to State of California, Department of Transportation, whose address is 1120 N Street, MS-57, Sacramento, CA 95814, the entire right, title and interest in and to the invention known as: MOBILE WORK ZONE PROTECTION DEVICE, for which an application for patent in the United States Patent and Trademark Office has been filed on October 24, 2006 and received Application No. 11/586,847.

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4) The undersigned hereby authorizes and requests the Commissioner of Patents and Trademarks, and all equivalent foreign officials, to assign any and all Letters Patent resulting from said application or any divisions or continuing applications thereof to the Assignee, as Assignee of the entire interest, and hereby covenant that Assignor has full right to convey the entire interest herein assigned, and that Assignor has not executed, and will not execute, any agreement in conflict herewith.

5) The undersigned agrees to perform all affirmative acts which may be necessary to obtain a grant of valid patents to the Assignee relating to the invention.

6) The undersigned hereby grants the Assignee and its duly authorized representatives the power to insert on this assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office, and any equivalent foreign office, for recordation of this document.

Date 5-10-2007 Name of Inventor Angela E. Wheeler
Angela E. Wheeler

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Sacramento } ss.

On 5/10/07
Date

before me,

Susan Morandi Kukrall
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

Angela E. Wheeler
Name(s) of Signer(s)

personally known to me

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 signature(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.

Susan Morandi Kukrall

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Assignment

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name: Angela E. Wheeler

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here



Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____

Signer Is Representing:
State of California
Dept. of Transportation

ASSIGNMENT

I, Jeremy M. Matsuo, in consideration of the sum of one dollar (\$1.00) and other good and valuable consideration paid to the undersigned, agree to assign, and hereby do assign, transfer and set over to State of California, Department of Transportation, whose address is 1120 N Street, MS-57, Sacramento, CA 95814, the entire right, title and interest in and to the invention known as: MOBILE WORK ZONE PROTECTION DEVICE, for which an application for patent in the United States Patent and Trademark Office has been filed on October 24, 2006 and received Application No. 11/586,847.

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3) The undersigned agrees to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

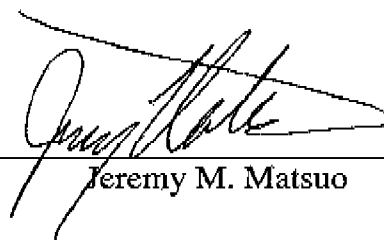
4) The undersigned hereby authorizes and requests the Commissioner of Patents and Trademarks, and all equivalent foreign officials, to assign any and all Letters Patent resulting from said application or any divisions or continuing applications thereof to the Assignee, as Assignee of the entire interest, and hereby covenant that Assignor has full right to convey the entire interest herein assigned, and that Assignor has not executed, and will not execute, any agreement in conflict herewith.

5) The undersigned agrees to perform all affirmative acts which may be necessary to obtain a grant of valid patents to the Assignee relating to the invention.

6) The undersigned hereby grants the Assignee and its duly authorized representatives the power to insert on this assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office, and any equivalent foreign office, for recordation of this document.

Date 5/10/07

Name of Inventor



Jeremy M. Matsuo

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

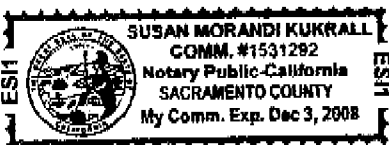
County of Sacramento } ss.

On 5/10/07, before me, Susan Morandi Kukrall
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Jeremy M. Matsuo
Name(s) of Signer(s)

personally known to me

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 signature(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.

[Signature]

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment

Document Date: 5/10/07 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Jeremy M. Matsuo

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here



Signer Is Representing: State of California, Dept. of Transportation

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
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Signer Is Representing: _____