PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Clark Scheffy	06/20/2008
Andy Deakin	06/23/2008
Sally Madsen	09/22/2008
Joanne Oliver	07/10/2008

RECEIVING PARTY DATA

Name:	Snap-on Incorporated
Street Address:	P.O. Box 1410
City:	Kenosha
State/Country:	WISCONSIN
Postal Code:	53141-1410

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	12151715

CORRESPONDENCE DATA

Fax Number: (312)460-7971

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 312-460-5000

Email: cwilson@seyfarth.com
Correspondent Name: Harold V Stotland
Address Line 1: 131 S. Dearborn St.

Address Line 2: Suite 2400

Address Line 4: Chicago, ILLINOIS 60603

ATTORNEY DOCKET NUMBER:	25493-463700
NAME OF SUBMITTER:	Harold V. Stotland

Total Attachments: 7

PATENT REEL: 021584 FRAME: 0518

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Title of the Invention: TOOL STORAGE CABINET

± €

Date of Execution of Patent Application:

Clark Scheffy	-
Andy Deakin	
Sally Madsen (aka Sarah Madsen)	Sally My
Joanne Oliver	<i></i>

ASSIGNMENT

We, for good and valuable considerations to us in hand paid, the receipt and sufficiency whereof are hereby acknowledged, have sold, assigned, conveyed and set over, and do hereby sell, assign, convey and set over unto SNAP-ON INCORPORATED, a corporation of the State of Delaware, United States of America, having a place of business in Kenosha, Wisconsin, United States of America, (hereinafter "ASSIGNEE"), its successors and assigns, the entire right, title and interest in and to all subject matter invented or designed by us and disclosed in the above-identified application, and any divisions and continuations thereof and in and to all Letters Patent of the United States including any reissues and extensions thereof that may be obtained therefor, and the right, where such right can be legally exercised, in its own name to apply for and obtain Letters Patent, Inventor's Certificates, Utility Models and Designs, in countries foreign to the United States, including the full right to claim for any such application the benefits of the International Convention as fully and entirely as we could have done if the application had been in our names, and the entire interest in any Letters Patent, Inventor's Certificate, Utility Model or Design which may be granted on any such application in such foreign country; and we hereby authorize and request the Commissioner of Patents and Trademarks of the United States, and any official of any country or countries foreign to the United States whose duty it is to issue Letters Patent, Inventor's Certificates, Utility Models or Designs, on applications as aforesaid, to issue any and all Letters Patent, Inventor's Certificates, Utility Models and Designs that may be granted for said invention to ASSIGNEE, its successors and assigns.

We hereby authorize and request an attorney in Seyfarth Shaw LLP to insert here in parentheses the serial number (12/151715) and the filing date (05/08/2008) of said application when known.

And for the above-named considerations, we hereby agree that we will, without additional compensation but without cost to us, promptly communicate to ASSIGNEE, its successors and assigns, any facts known to us respecting said invention whenever requested, and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuing and reissue applications for Letters Patent, Inventor's Certificates, Utility Models and

CH1 11533721.1

Designs and assignments thereof, make all rightful oaths and generally do everything possible to aid ASSIGNEE, its successors and assigns, as and when requested by them, in obtaining and enforcing proper patent, inventor's certificate, utility model and design protection for said invention or inventions and improvements, in the United States and in all other countries.

Dated: 6/20/2008	Clark Scheffy
STATE OF WAS SACHUSETTS COUNTY OF MINDLESEX	CHRISTINA MARIANI Notary Public COMMONWEALTH OF MASSACHUSETTS My Commission Expires May 16, 2014
me personally known to be the	above appeared Clark Scheffy, personally known to me and by ne person who executed the above instrument, who, being duly executed the above instrument as his free and voluntary act. Notary Public
(NOTARY SEAL)	The state of the s
Dated: 6/23/08	Andy Deakin
STATE OF)
COLINTY OF)SS

On the date indicated above appeared Andy Deakin, personally known to me and by me personally known to be the person who executed the above instrument, who, being duly sworn, acknowledged that he executed the above instrument as his free and voluntary act.

Notary Public	•

(NOTARY SEAL)

SEE ATTACHED CALIFORNIA
ALL-PURPOSE
ACKNOWLEDGEMENT

CHI 11474208.1

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California County of SAN FRANCISCO On TWE 23.2008 before me, W. TVRNEY WARY Date ANDREW DEAKIN Name(s) of Signer(s) who 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 W. TURNEY which the person(s) acted, executed the instrument. Commission # 1735718 Notary Public - California 🔮 I certify under PENALTY OF PERJURY under the laws San Francisco County My Comm. Expires Mar 31, 2011 of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature_ 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: PATENT APPLICATION FOR TOOL ST Document Date: CABINI Document Date: _ ____ Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name:_ □ Individual ☐ Individual ☐ Corporate Officer — Title(s): □ Corporate Officer — Title(s): _ ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact OF SIGNER ☐ Attorney in Fact Top of thumb here ☐ Trustee Top of thumb here ☐ Trustee ☐ Guardian or Conservator ☐ Guardian or Conservator □ Other: _ ☐ Other:

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Signer Is Representing: __

Signer Is Representing: ____

Dated: September 22,	2008 Sarah Madsen
	aka Sally Madsen
STATE OF)
COUNTY OF)SS)
me personally known to be the	bove appeared Sarah Madsen, personally known to me and by person who executed the above instrument, who, being duly xecuted the above instrument as his free and voluntary act.
	Notary Public
(NOTARY SEAL)	
Dated:	
	Joanne Oliver
STATE OF)
COUNTY OF)SS)

On the date indicated above appeared Joanne Oliver, personally known to me and by me personally known to be the person who executed the above instrument, who, being duly sworn, acknowledged that he executed the above instrument as his free and voluntary act.

CALIFORNIA ALL-PURPOSE AC	KNOWLEDGMENT
State of California County of Santa Clara On September 22, 2008 personally appeared Sarah M	A document and certificate bear embosford fearly udotte Ro Earl, Notary Public, Here Insert Name and Mile of the Officer Name(s) of Signer(s)
Though the information below is not required by law.	who 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. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature Signature of Notary Public Signature of Notary Public Signature of Notary Public Signature of Notary Public Signature of this form to another document reattachment of this form to another document.
Title or Type of Document:	
Document Date:	
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name: Individual Corporate Officer — Title(s): Partner — _ Limited _ General Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing: Signer Is Representing:	☐ Individual ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Attorney in Fact ☐ Fighter

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Dated: <u>6/25/0</u>	8 St	Jally My L Hally Madden HEAH SM	
STATE OF CAUR	PHNIA)		
COUNTY OF)88		A Commence of the Commence of
me personally known	to be the person who	ed Sally Madsen, personal executed the above instruation above instrument as his from	ment, who, being duly
		Notary Public	
(NOTARY SEAL)			
Dated: 07 / 10	/08 ·	panne pliver	iler.
STATE OF CALIF	ORNIA)	·	
COUNTY OF	() SS ***********************************		
me personally known	to be the person who	d Joanne Oliver, personal executed the above instru- above instrument as his fre	ment, who, being duly
		Notary Public	
(NOTARY SEAL)			

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California personally appeared Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are-subscribed to the CLAUDETTE R. EARL within instrument and acknowledged to me that Commission # 1524237 he/she/they-executed the same in his/her/their-authorized Notary Public - California Santa Clara County capacity(ies), and that by his/her/their-signature(s) on the My Comm. Expires Nov 2, 2008 instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. 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: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: < Signer's Name: Individual Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): _ ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Attorney in Fact OF SIGNER Top of thumb here Top of thumb here ☐ Trustee □ Trustee ☐ Guardian or Conservator □ Guardian or Conservator

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Other:_

Signer Is Representing:

PATENT REEL: 021584 FRAME: 0526

RECORDED: 09/25/2008

Other:

Signer Is Representing: