

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT												
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT												
<b>CONVEYING PARTY DATA</b>													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>Tobin C. Island</td> <td>10/02/2008</td> </tr> <tr> <td>Mark V. Weckwerth</td> <td>10/02/2008</td> </tr> <tr> <td>Harvey I. Liu</td> <td>10/02/2008</td> </tr> <tr> <td>Jeffrey A. Hoenshell</td> <td>10/02/2008</td> </tr> <tr> <td>Charles A. Schuetz</td> <td>10/02/2008</td> </tr> </tbody> </table>		Name	Execution Date	Tobin C. Island	10/02/2008	Mark V. Weckwerth	10/02/2008	Harvey I. Liu	10/02/2008	Jeffrey A. Hoenshell	10/02/2008	Charles A. Schuetz	10/02/2008
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Jeffrey A. Hoenshell	10/02/2008												
Charles A. Schuetz	10/02/2008												
<b>RECEIVING PARTY DATA</b>													
<b>Name:</b>	Law Offices of James E. Eakin, APC												
<b>Street Address:</b>	855 Oak Grove Ave.												
<b>Internal Address:</b>	107												
<b>City:</b>	Menlo Park												
<b>State/Country:</b>	CALIFORNIA												
<b>Postal Code:</b>	94025												
<b>PROPERTY NUMBERS Total: 1</b>													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Property Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td><b>Application Number:</b></td> <td>12189079</td> </tr> </tbody> </table>		Property Type	Number	<b>Application Number:</b>	12189079								
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<b>Application Number:</b>	12189079												
<b>CORRESPONDENCE DATA</b>													
<b>Fax Number:</b>	(650)326-1390												
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>													
<b>Phone:</b>	650 326 4350												
<b>Email:</b>	jee@jeelaw.com												
<b>Correspondent Name:</b>	James E. Eakin												
<b>Address Line 1:</b>	855 Oak Grove Ave.												
<b>Address Line 2:</b>	107												
<b>Address Line 4:</b>	Menlo Park, CALIFORNIA 94025												
<b>ATTORNEY DOCKET NUMBER:</b>	SG-1008U												

CH \$40.00 12189079

NAME OF SUBMITTER:

James E. Eakin

**Total Attachments: 9**

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Return signed/recorded to:  
James E. Eakin, APC  
P.O. Box 1250  
Menlo Park, CA 94025

Atty. Dkt. SG-1008U

**ASSIGNMENT  
OF  
PATENT APPLICATION**

**For Sole or Joint  
Inventors**

WHEREAS, the undersigned inventor(s), namely:

<b>INSERT NAME(S) OF INVENTOR(S)</b>	(1) Tobin C. Island	(2) Mark V. Weckwerth
	(3) Harvey I. Liu	(4) Jeffrey A. Hoenshell
	(5) Charles A. Schuetz	(6)

(hereinafter collectively ASSIGNOR)

is/are about to file a Utility Patent Application in the U.S. Patent and Trademark Office;

filed a Utility Patent Application in the U.S. Patent and Trademark Office on **08/08/2008**  
Application No. **12/189,079**

**ENTITLED** Capacitive Sensing Method and Device for Detecting Skin

AND WHEREAS Tria Beauty, Inc. (hereinafter ASSIGNEE)

duly organized and existing under the laws of the State of California and having its principal office and place of business at 5880 West Las Positas Blvd., Suite 52 Pleasanton, CA 94588 desires to acquire an interest therein;

NOW, THEREFORE, in consideration of good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the said ASSIGNOR, does hereby sell, assign and transfer unto ASSIGNEE, its successors, assigns and legal representatives, the full and exclusive right, title and interest, in the United States and all foreign countries, to each invention as described in the aforesaid application, and to the said application and to all subsequent applications based thereon including any and all continuations, divisions, reissues and substitutes of such subsequent applications, together with the right or priority under the International Convention for the Protection of Industrial Property, Inter-American Convention Relating to Patents, Designs and Industrial Models, and any other international agreements to which the United States of America adheres. ASSIGNOR hereby authorizes and requests the Commissioner of Patent 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 patents on applications as aforesaid, to issue, all Patents for said invention to the said ASSIGNEE, its successors, assigns and legal representatives, in accordance with this instrument.

AND ASSIGNOR hereby covenants that ASSIGNOR has the full right to convey the entire interest herein assigned, and that ASSIGNOR has not executed, and will not execute, any agreement in conflict therewith.

AND ASSIGNOR hereby further covenants and agrees that ASSIGNOR will communicate to the said ASSIGNEE, its successors, assigns and legal representatives, any facts known to ASSIGNOR respecting said invention, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid the said ASSIGNEE, its successors, assigns and legal representatives to obtain and enforce proper patent protection for said invention in all countries.

NOTE: The undersigned hereby authorizes Law Offices of James E. Eakin, APC of the above address to insert hereon any further identification necessary or desirable for recordation of this document.

INVENTOR(S)

1) Signature [Handwritten Signature]

Name: Tobin C. Island

Date Signed: 10/2/08

All Purpose Acknowledgment

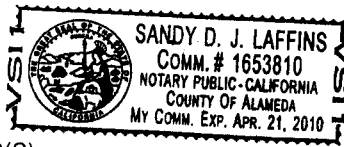
State of California )  
County of ALAMEDA )

On Oct. 2, 2008, before me, SANDY D. LAFFINS Notary Public personally appeared  
Name and Title of Officer

Tobin C. Island personally known to me (or proved to me on the basis of satisfactory evidence) to be the person 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.

(Notary Seal)



Signature [Handwritten Signature]  
Signature of Notary Public

INVENTOR(S)

2) Signature [Handwritten Signature]

Name: Mark V. Weckwerth

Date Signed: 2 Oct 2008

All Purpose Acknowledgment

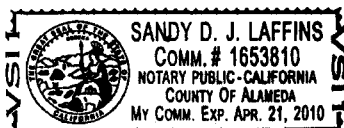
State of California )  
County of ALAMEDA )

On Oct. 2, 2008, before me, SANDY D. LAFFINS Notary Public personally appeared  
Name and Title of Officer

MARK V. WECKWERTH personally known to me (or proved to me on the basis of satisfactory evidence) to be the person 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.

(Notary Seal)



Signature [Handwritten Signature]  
Signature of Notary Public

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of ALAMEDA

On Oct-2-2008 before me, SANDY D. J. LAFFINS, NOTARY Public  
(Here insert name and title of the officer)

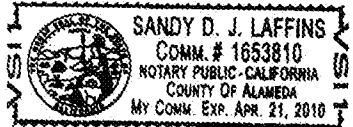
personally appeared Tobin Island

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity(ies), and that by his 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.  
Sandy D. J. Laffins  
Signature of Notary Public

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

**DESCRIPTION OF THE ATTACHED DOCUMENT**

\_\_\_\_\_  
(Title or description of attached document)

\_\_\_\_\_  
(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

\_\_\_\_\_  
(Additional information)

**CAPACITY CLAIMED BY THE SIGNER**

Individual (s)  
 Corporate Officer  
\_\_\_\_\_  
(Title)

Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THIS FORM**  
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- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~, ~~is~~/~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of ALAMEDA

On Oct-2-2008 before me, SANDY D. J. LAFFINS, NOTARY PUBLIC  
(Here insert name and title of the officer)

personally appeared MARK V. WECKWERTH

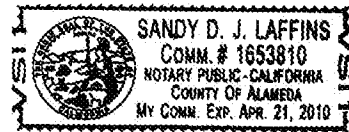
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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.

*Sandy D. J. Laffins*  
 Signature of Notary Public

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT	
_____	
<small>(Title or description of attached document)</small>	
_____	
<small>(Title or description of attached document continued)</small>	
Number of Pages _____	Document Date _____
_____	
<small>(Additional information)</small>	

CAPACITY CLAIMED BY THE SIGNER	
<input type="checkbox"/> Individual (s)	
<input type="checkbox"/> Corporate Officer	
_____	
<small>(Title)</small>	
<input type="checkbox"/> Partner(s)	
<input type="checkbox"/> Attorney-in-Fact	
<input type="checkbox"/> Trustee(s)	
<input type="checkbox"/> Other _____	

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- Securely attach this document to the signed document

INVENTOR(S)

3) Signature Harvey I. Liu

Name: Harvey I. Liu

Date Signed: 10/2/08

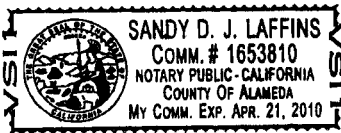
All Purpose Acknowledgment

State of California )  
County of ALAMEDA )

On Oct-2, 2008, before me Sandy D. J. Laffins Notary Public personally appeared  
Harvey I. Liu Name and Title of Officer

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person 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.



(Notary Seal)

Signature Sandy D. J. Laffins  
Signature of Notary Public

INVENTOR(S)

4) Signature Jeffrey A. Hoenshell

Name: Jeffrey A. Hoenshell

Date Signed: 2 Oct 2008

All Purpose Acknowledgment

State of California )  
County of ALAMEDA )

On Oct-2, 2008, before me Sandy D. J. Laffins Notary Public personally appeared  
Jeffrey A. Hoenshell Name and Title of Officer

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WITNESS my hand and official seal.

Signature Sandy D. J. Laffins  
Signature of Notary Public

(Notary Seal)

INVENTOR(S)

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of ALAMEDA

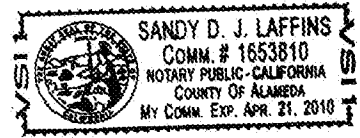
On Oct-2-2008 before me, SANDY D. J. LAFFINS, NOTARY PUBLIC  
(Here insert name and title of the officer)

personally appeared HARVEY I. LIU

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.

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WITNESS my hand and official seal.  
*Sandy D. J. Laffins*  
Signature of Notary Public



(Notary Seal)

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<b>DESCRIPTION OF THE ATTACHED DOCUMENT</b>	
(Title or description of attached document)	
(Title or description of attached document continued)	
Number of Pages _____	Document Date _____
(Additional information)	

<b>CAPACITY CLAIMED BY THE SIGNER</b>	
<input type="checkbox"/> Individual (s)	
<input type="checkbox"/> Corporate Officer	
	(Title)
<input type="checkbox"/> Partner(s)	
<input type="checkbox"/> Attorney-in-Fact	
<input type="checkbox"/> Trustee(s)	
<input type="checkbox"/> Other _____	

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State of California

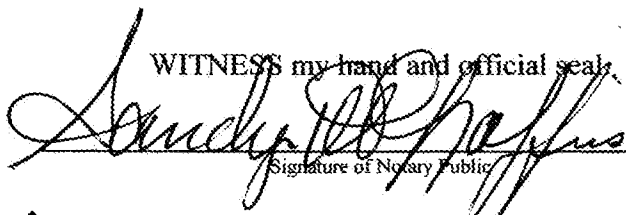
County of ALAMEDA

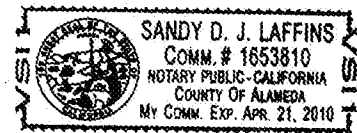
On Oct. 2 2008 before me, SANDY D. J. LAFFINS, NOTARY Public  
(Here insert name and title of the officer)

personally appeared JEFFREY A. HOEN SHELL

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 of Notary Public



(Notary Seal)

## ADDITIONAL OPTIONAL INFORMATION

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(Title or description of attached document continued)	
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<b>CAPACITY CLAIMED BY THE SIGNER</b>	
<input type="checkbox"/> Individual (s)	
<input type="checkbox"/> Corporate Officer	
(Title)	
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<input type="checkbox"/> Attorney-in-Fact	
<input type="checkbox"/> Trustee(s)	
<input type="checkbox"/> Other _____	

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- Securely attach this document to the signed document

5) Signature [Handwritten Signature]  
Name: Charles A. Schuetz  
Date Signed: 10/02/08

All Purpose Acknowledgment

State of California )  
County of ALAMEDA )

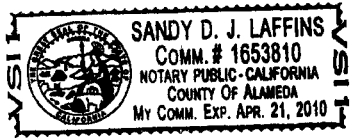
On Oct - 2, 2008, before me, SANDY D. J. LAFFINS Notary Public personally appeared  
Name and Title of Officer

CHARLES A. SCHUETZ, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person 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 [Handwritten Signature]  
Signature of Notary Public

(Notary Seal)



# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

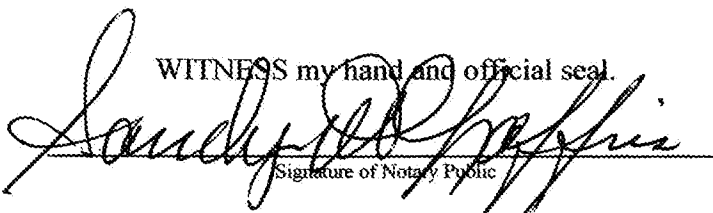
County of ALAMEDA

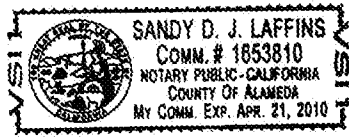
On Oct. 2, 2008 before me, SANDY D. J. LAFFINS, NOTARY Public  
(Here insert name and title of the officer)

personally appeared CHARLES A. SCHUETZ

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.

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Signature of Notary Public



(Notary Seal)

## ADDITIONAL OPTIONAL INFORMATION

**DESCRIPTION OF THE ATTACHED DOCUMENT**

\_\_\_\_\_

(Title or description of attached document)

\_\_\_\_\_

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

\_\_\_\_\_

(Additional information)

**CAPACITY CLAIMED BY THE SIGNER**

Individual (s)

Corporate Officer

\_\_\_\_\_

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other \_\_\_\_\_

- INSTRUCTIONS FOR COMPLETING THIS FORM**
- Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.*
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
  - Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
  - The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
  - Print the name(s) of document signer(s) who personally appear at the time of notarization.
  - Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
  - The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
  - Signature of the notary public must match the signature on file with the office of the county clerk.
    - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
    - ❖ Indicate title or type of attached document, number of pages and date.
    - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
  - Securely attach this document to the signed document