### Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

#### **CONVEYING PARTY DATA**

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	

#### **RECEIVING PARTY DATA**

Name:	Law Offices of James E. Eakin, APC	
Street Address:	855 Oak Grove Ave.	
Internal Address:	107	
City:	Menlo Park	
State/Country:	CALIFORNIA	
Postal Code:	94025	

#### PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	12189079

#### **CORRESPONDENCE DATA**

Fax Number: (650)326-1390

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

Phone: 650 326 4350
Email: jee@jeelaw.com
Correspondent Name: James E. Eakin
Address Line 1: 855 Oak Grove Ave.

Address Line 2: 107

Address Line 4: Menlo Park, CALIFORNIA 94025

ATTORNEY DOCKET NUMBER: SG-1008U

PATENT REEL: 021673 FRAME: 0360

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NAME OF SUBMITTER:	James E. Eakin
Total Attachments: 9	
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PATENT REEL: 021673 FRAME: 0361 P sturn signed/recorded to:
es of James E. Eakin, APC
P.O Box 1250
Menlo Park, CA 94025

Atty, Dkt. SG-1008U

# ASSIGNMENT OF PATENT APPLICATION

For	Sole	or	Joi	nt
inve	entor	<u>s</u>		

WHEREAS, the undersigned inventor(s), namely:

INSERT NAME(S) OF

INVENTOR(S)

(1) Tobin C. Island

(3) Harvey I. Liu

(5) Charles A. Schuetz

(2) Mark V. Weckwerth

(4) Jeffrey A. Hoenshell

(6)

(hereinafter collectively ASSIGNOR)

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

If 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.

PATENT
REEL: 021673 FRAME: 0362

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.

<u>NOTE</u>: 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 White
	Name: Tobin C. Island
	Date Signed: 10/2/08
	All Purpose Acknowledgment
State of Calife	· · · · · · · · · · · · · · · · · · ·
County of A	HAUDDA
	On Oct-2 2008, before me, Shray D. LAHLANDIARY Public personally appeared  Name and Title of Officer
Obin	c Ts(and 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
	d 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 acted, executed the instrument.
	WITNESS my hand and official seal.
	SANDY D. J. LAFFINS Signature of Notary Public S
(Notary Seal)	NOTARY PUBLIC: CALIFORNIA U
	MY COMM. EXP. APR. 21, 2010
	INVENTOR(S)
	2) Signature Mark Washer
	Name: Mark V. Weckwerth
	Date Signed: 2 CCT 2008
	All Purpose Acknowledgment
State of Calif	ornia )
County of A	HAMEDA
	On Oct · Z, 2008, before me, Staty 2) Laftinshotary Public personally appeared
MARK.	Name and Title of Officer
_	ed 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
tne person(s	) acted, executed the instrument.
	WITNESS my hand and official seal.
	SANDY D. J. LAFFINS Signature of Notary Profic
(Notary Seal)	COMM. # 1653810 NOTARY PUBLIC: CALIFORNIA COUNTY OF ALAMEDA
, ,	MY COMM. EXP. APR. 21, 2010

60316136-1

State of California	
County of ALAMEDA	
On Oct-2.2008 before me, SANDY personally appeared Tobin ±SO	D. LAFFINS NOTARY Public (Here insert name and title of the officer)
who proved to me on the basis of satisfactory evid	ience to be the person(s) whose name(s) (s) re subscribed to at the the/the/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the is true and correct.	e laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal.  Out of Notary yablish of Notary yablish	SANDY D. J. LAFFINS COMM. # 1653810 O NOTARY PUBLIC CALIFORNIA COUNTY OF ALAMEDA MY COMM. EVP. APR. 21, 2016 T
ADDITIONAL OF	PTIONAL INFORMATION
DESCRIPTION OF THE ATTACHED DOCUMENT	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
(Title or description of attached document)	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
(Title or description of attached document continued)	document carefully for proper notarial wording and attach this form if required.
Number of Pages Document Date	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.</li> </ul>
(Additional information)	. The notary public must print his or her name as it appears within his or her
<b>L</b>	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
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer	<ul> <li>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.</li> <li>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</li> </ul>
(Fide)  Partner(s)  Attorney-in-Fact  Trustee(s)	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 additional information is not required but could help to ensure this
☐ Trustee(s) ☐ Other	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

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PATENT REEL: 021673 FRAME: 0364

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

State of California	
County of Allega	
on Ost-2-2008 before me, SANDY bersonally appeared MARK.	D.J. LAFFINS NOTARY Public (Here insert name and title of the officer) WECK WERTH
de la constata fun discressioner a la l	ence to be the person(s) whose name(s)/is/are subscribed to at he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of
certify under PENALTY OF PERJURY under the strue and correct.	e laws of the State of California that the foregoing paragraph
WITNESS pry hand and official seal.	SANDY D. J. LAFFINS COMM. # 1653810 ID COUNT OF ALMEDA MY COMM. EXP. APR. 21, 2010 T
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(Additional information)	<ul> <li>must also be the same date the acknowledgment is completed.</li> <li>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).</li> </ul>
	<ul> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /ere ) or circling the correct forms. Failure to correctly indicate this</li> </ul>
☐ Individual (s) ☐ Corporate Officer	information may lead to rejection of document recording.
	<ul> <li>The notary seal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If seal impression smudges, re-seal if a</li> </ul>
(Title)	sufficient area permits, otherwise complete a different acknowledgment form.  • Signature of the notary public must match the signature on file with the office of
☐ Partner(s) ☐ Attorney-in-Fact	the county clerk
☐ Trustee(s)	<ul> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> </ul>

**PATENT REEL: 021673 FRAME: 0365** 

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).

	3) Signature	Hary	······	
	Name: Harv	ey I. Liu		
		10/2/08		
	Date Oigned.			
			All Purpose Acknowledgment	
State of Califo	ornia	)		
County of A	HAMEOA	)		
	on Oct-2	, 2008, before me <b>Shupy !</b>	D. LATTING Public personally appeared	
ARVEY	Iliu	Name and T , personally known to me∦or pro	itle of Officer ved to me on the basis of satisfactory evidence) to be the person whose name(s) is/are subscribed to the	within instrument and
	d to me that he/she/they acted, executed the inst		thorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity i	pon behalf of which
	WITNESS my hand and			
		SANDY D. J. LAFFINS COMM. # 1653810	Signature Student Holling Signature of Notary Public	
(Notary Seal)		NOTARY PUBLIC-CALIFORNIA COUNTY OF ALAMEDA MY COMM. Exp. Apr. 21, 2010		
(Notary Coal)	, luo	MI COMM. EAR. FICH. 51, 4010	• •	
	INVENTOR(S)			
	4) Signature	JAN A. Heen ey A. Hoenshell	ml	
		ey A. Hoenshell		
		· 2 Oct 2008		
	Date Signed	. <del>7 00. 000</del> 0		
			All Purpose Acknowledgment	
State of Califo	ornia	)	· · · · · · · · · · · · · · · · · · ·	
County of A	HAMEDA	)		
	on 04. 2	, 2008, before me <b>SA-JOV</b>	D-) 2A 4 Solotary Public personally appeared	
Jeffer	ey A. Hoerisha	( )	Title of Officer  ved to me on the basis of satisfactory evidence) to be the person whose name(s) is/are subscribed to the	within instrument an
		executed the same in his/her/their au	thorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity	
the person(s)	) acted, executed the ins	trument,	$\mathcal{I}$ $\mathcal{I}$	
	WITNESS my hand and	d official seal.		
			signature alle and the signature of the	
			Signature of Notary Hamilic (1997)	
(Notary Seal)			· ·	

INVENTOR(S)

INVENTOR(S)

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State of California	
County of AMADA	
On Oct - Z - Zal before me, SANDY personally appeared 14 ARUEY	D.J. LAFFINS NOTARY Public (Here insert name and title of the officer)
personally appeared 1+ARUEY	1. Liu
the within instrument and acknowledged to me th	dence to be the person(s) whose name(s) is are subscribed to the she/they executed the same in his her/their authorized on the instrument the person(s) or the entity upon behalf of t.
	e laws of the State of California that the foregoing paragraph
is true and correct.  WITNESS Thy hand and official seal.	SANDY D. J. LAFFINS COMM # 1653810 D NOTARY PUBLIC-CALIFORNIA COUNTY OF AAMEDA MY COMM EXP. APR. 21. 2018
ADDITIONAL O	PTIONAL INFORMATION INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	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
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CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer (Title)	notarization.  Indicate the correct singular or plural forms by crossing oil 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.
☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s)	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.  Information to the or turn of attached document, number of pages and date.

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PATENT REEL: 021673 FRAME: 0367

Indicate the capacity claimed by the signer. If the claimed capacity is a

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

	·
State of California	
County of Alawsoa	
on Och. 7. 2008 before me, SANDY personally appeared SELFREY A	D.J. LAFFINS NOTARY Public  (Here insert name and title of the oblice)  HOEN SHELL
the within instrument and acknowledged to me the	dence to be the person(s) whose name(s) are subscribed to nat he she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of at.
I certify under PENALTY OF PERJURY under the is true and correct.	ne laws of the State of California that the foregoing paragraph
WITNESS my transf and official seal.  Outly Hardy July 1	SANDY D. J. LAFFINS COMM. # 1653810 IN NOTARY PUBLIC CALIFORNIA OF COUNTY OF ALAMEDA MY COMM. Exp. APR. 21, 2010 T
ADDITIONAL O	PTIONAL INFORMATION
	INSTRUCTIONS FOR COMPLETING THIS FORM
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(Additional information)	<ul> <li>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).</li> </ul>
	<ul> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization</li> </ul>
CAPACITY CLAIMED BY THE SIGNER	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/shc/they; is /exe) or circling the correct forms. Failure to correctly indicate this</li> </ul>
☐ Individual (s)	information may lead to rejection of document recording.
☐ Corporate Officer	<ul> <li>The notary seal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If seal impression smudges, re-seal if a</li> </ul>
(Title)	sufficient area permits, otherwise complete a different acknowledgment form.
☐ Partner(s)	<ul> <li>Signature of the notary public must match the signature on file with the office of</li> </ul>
☐ Attorney-in-Fact	the county clerk.  Additional information is not required but could help to ensure this
☐ Trustee(s)	<ul> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> </ul>
Other	<ul> <li>Indicate title or type of attached document, number of pages and date.</li> </ul>

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PATENT REEL: 021673 FRAME: 0368

Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

5) Signature Name: Charles A. Schuetz

Date Signed: 10/02/08

All Purpose Acknowledgment

State of California

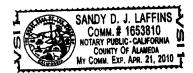
County of HIAMSOL

on Oct-2

rk tes A. Ju Hub Hub, 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)



60316136-1

State of California	
County of Alauena	
on Oct . 2 · 2008 before me, <b>SAWDY</b>	D.J. LAFFINS NOTARY Public (Here insert name and title of the officer)
personally appeared CHARIES A.	Schuetz.
the within instrument and acknowledged to me that	ence to be the person(s) whose name(s) is are subscribed to at he/she/they executed the same in his her/their authorized on the instrument the person(s), or the entity upon behalf of
· · · · · · · · · · · · · · · · · · ·	e laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal.	SANDY D. J. LAFFINS COMM. # 1853810 D NOTARY PUBLIC-CAUFORRIA COUNTY OF ALANEDA MY COMM. EXP. APR. 21, 2010 T
	PTIONAL INFORMATION  INSTRUCTIONS FOR COMPLETING THIS FORM  Any acknowledgment completed in California must contain verbiage exactly as
DESCRIPTION OF THE ATTACHED DOCUMENT	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 Colifornia. In such instances, any alternative
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CAPACITY CLAIMED BY THE SIGNER  ☐ Individual (s)	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.
Corporate Officer (Title)	<ul> <li>The notary seal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.</li> </ul>
☐ Partner(s) ☐ Attorney-in-Fact	<ul> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> <li>Additional information is not required but could help to ensure this</li> </ul>
☐ Trustee(s)	acknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date.

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**RECORDED: 10/13/2008** 

PATENT REEL: 021673 FRAME: 0370

Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).