

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Sara Kelly	02/09/2009
RECEIVING PARTY DATA	
Name:	Worldwise Inc.
Street Address:	160 Mitchell Blvd.
City:	San Rafael
State/Country:	CALIFORNIA
Postal Code:	94903
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	29332140
CORRESPONDENCE DATA	
Fax Number:	(415)226-1883
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	4158684072
Email:	tnelmark@batechlaw.com
Correspondent Name:	Bay Area Technolgy Law Group PC
Address Line 1:	500 Sansome Street, Suite 404
Address Line 4:	San Francisco, CALIFORNIA 94111
ATTORNEY DOCKET NUMBER:	545.180
NAME OF SUBMITTER:	J William Wigert
Total Attachments: 3 source=180assn#page1.tif source=180assn#page2.tif source=180assn#page3.tif	

OP \$40.00 29332140

RECORDATION FORM COVER SHEET PATENTS 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)

SARA KELLY

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

2. Name and address of receiving party(ies)

Name: Worldwise Inc.

Internal Address: _____

Street Address: 160 Mitchell Blvd.

City: San Rafael

State: CA

Country: US Zip: 94903

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

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

Execution Date(s) _____

- | | |
|---------------------------------------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> Assignment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Security Agreement | <input type="checkbox"/> Change of Name |
| <input type="checkbox"/> Joint Research Agreement | |
| <input type="checkbox"/> Government Interest Assignment | |
| <input type="checkbox"/> Executive Order 9424, Confirmatory License | |
| <input type="checkbox"/> Other _____ | |

4. Application or patent number(s):

This document is being filed together with a new application

A. Patent Application No (s)

B. Patent No (s)

Additional numbers attached? Yes No

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

Name: Bay Area Technology Law Group PC

Internal Address: _____

Street Address: 500 Sansome Street, Suite 404

City: San Francisco

State: CA Zip: 94111

Phone Number: 415-868-4072

Fax Number: 415-226-1883

Email Address: tnelmark@batechlaw.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- | |
|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Authorized to be charged to deposit account |
| <input checked="" type="checkbox"/> Enclosed |
| <input type="checkbox"/> None required (government interest not affecting title) |

8. Payment Information

Deposit Account Number _____

Authorized User Name _____

9. Signature:

/j william wigert/
Signature

2-10-2009
Date

J William Wigert
Name of Person Signing

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

3

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P O Box 1450, Alexandria, V A 22313-1450

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of MARIN

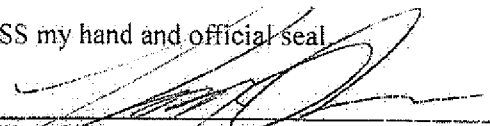
On 2/09/09 before me, Thom O'Brien NOTARY PUBLIC
(Here insert name and title of the officer)

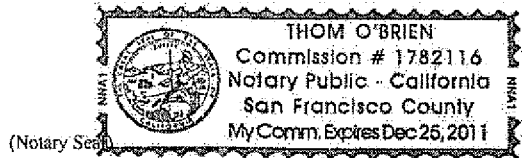
personally appeared SARA KELLY

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



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 _____

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- 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.