PATENT ASSIGNMENT

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SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: ASSIGNMENT

CONVEYING PARTY DATA

| Name | Execution Date |
|------------------|----------------|
| Anthony J. Bayne | 09/26/2008 |

RECEIVING PARTY DATA

| Name: | Hakitashi Khu Ltd., LLC, a Delaware Limited Liability Corporation | | |
|-----------------|---|--|--|
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| City: | Dover | | |
| State/Country: | DELAWARE | | |
| Postal Code: | 19904 | | |

PROPERTY NUMBERS Total: 1

| Property Type | Number | |
|----------------|---------|--|
| Patent Number: | 7257388 | |

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ATTORNEY DOCKET NUMBER: 5116-0003

NAME OF SUBMITTER: Scott A. Schaffer

Total Attachments: 4

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ASSIGNMENT OF PATENT RIGHTS

For good and valuable consideration, the receipt of which is hereby acknowledged, Anthony J. Bayne, an individual residing at 25315 Andreo Avenue, Lomita, CA 90717 ("Assignor"), does hereby sell, assign, transfer, and convey unto Hakitashi Khu Ltd., L.L.C., a Delaware limited liability company, having an address at 160 Greentree Drive, Suite 101, Dover, DE 19904 ("Assignee"), or its designees, all right, title, and interest that exist today and may exist in the future in and to any and all of the following (collectively, the "Patent Rights"):

(a) the patent listed in the table below (the "Patent");

| Patent or Application No. | Country | Filing Date | Title of Patent and First Named Inventor |
|--|---------|-------------|---|
| 7,257,388 | US | 8/20/2004 | Pre-paid mobile phone with temporary voice mail |
| ************************************** | | | Anthony J. Bayne |

- (b) all patents and patent applications (i) to which the Patent directly or indirectly claims priority, (ii) for which the Patent directly or indirectly forms a basis for priority, and/or (iii) that were co-owned applications that directly or indirectly incorporate by reference, or were incorporated by reference into, the Patent;
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 - (i) damages,
 - (ii) injunctive relief, and
 - (iii) any other remedies of any kind

PATENT REEL: 023044 FRAME: 0860 for past, current, and future infringement; and

(g) all rights to collect royalties and other payments under or on account of the Patent and/or any item in any of the foregoing categories (a) through (f).

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| on | IN WITNESS WH | EREOF this Assignment o 9-26-08 | f Patent Rights is executed at _ | TORRANCE, CA |
|----------------------------|---|--|---|---------------------------------------|
| ASSI | GNOR: | | | |
| (Anth | ony J. Bayne, Signat | y Agrend () ufe MUST be notarized; | | |
| STAT COUI | TE OF |)) ss) | | |
| proved the wi author | o in and for said State of to me on the basis of thin instrument and orized capacity, and the | e, personally appeared Antl of satisfactory evidence) to acknowledged to me that h | nony J. Bayne, personally kno- be the person whose name is e/she executed the same in his the instrument the person, or the ment. | wn to me (or subscribed to /her |
| | WITNESS my han | d and official seal. | | |
| | Signature | | (Seal) | |

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California Philip Adam Schwindt, Notary Public before me, personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/ame 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(e) on the PHILIP ADAM SCHWINDT instrument the person(*), or the entity upon behalf of Commission # 1791912 which the person(s) acted, executed the instrument. Notary Public - California Los Angeles County I certify under PENALTY OF PERJURY under the laws My Comm. Biphas Mor 21, 2012 of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and 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: 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 ☐ Attorney in Fact □ Trustee □ Trustee ☐ Guardian or Conservator ☐ Guardian or Conservator ☐ Other: ☐ Other:__ Signer Is Representing: _ Signer Is Representing:_

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