RE 3/15/10

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03-16-2010

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

ET

103591899

To the Director of the U.S. Pater... documents or the new address(es) below.

1. Name of conveying party(ies)
Sybil Miller, Legal Representative of Robert G. Miller, deceased
Additional name(s) of conveying party(ies) attached? ☐ Yes ☐ No

2. Name and address of receiving party(ies)
Name: Blinky, Inc.
Internal Address:
5. 12th Ave., San Mateo CA 94402
Street Address:
5 12th Avenue
City: San Mateo
State: CA.
Country: USA Zip: 94402
Additional name(s) & address(es) attached? ☐ Yes ☑ No

3. Nature of conveyance/Execution Date(s):
Execution Date(s) February 12, 2010
☑ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ 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)
7,165,864
Additional numbers attached? ☐ Yes ☑ No

5. Name and address to whom correspondence concerning document should be mailed:
Name: Blinky, Inc.
Internal Address: 5 12th Avenue
San Mateo, CA 94402
Street Address:
5 12th Avenue
City: San Mateo,
State: CA Zip: 94402
Phone Number: 650 773-4026
Fax Number: 760 216-6111
Email Address: blinkyinc@comcast.net

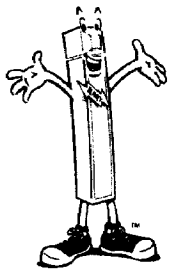
6. Total number of applications and patents involved: One

7. Total fee (37 CFR 1.21(h) & 3.41) $
Check previously sent
☐ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information
Check was sent in February
Deposit Account Number
Authorized User Name

9. Signature: Sybil Miller 2-12-10
Signature Date
Sybil Miller Legal Representative
Name of Person Signing
Total number of pages including cover sheet, attachments, and documents: 2

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



Blinky, Inc.
"The Next Generation of Lighting"

#5 12th Avenue, San Mateo, CA 94402
Phone 1-650-773-4026 Fax 1-760-216-6111

February 12, 2010

United States Patent and Trademark Office
Mail Stop Assignment Recordation Service
Director of the USPTO
P.O. Box 1450
Alexandria, VA 22313-1450

I, Sybil Miller, Legal Representative of the Estate of Robert G. Miller, deceased, assign all rights and interests in Patent #7,165,864 to the Blinky Corporation, as California Corporation.

Thank you for your attention to this matter

Sybil Miller
Legal Representative
659 773-3958

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY / NO ENHANCER, WHITEOUTS OR ALTERATIONS — VS-11(REV 1/94)

STATE FILE NUMBER: 3200838004251 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
ROBERT	GLENN	MILLER

AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	IF UNDER ONE YEAR Days	IF UNDER 24 HOURS Hours	IF UNDER 24 HOURS Minutes	6. SEX
03/11/1941	67					M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
ND	501-42-2846	YES [ ] NO [X] UNK [ ]	MARRIED	08/22/2008	2355

13. EDUCATION — Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back.)	16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	YES [ ] NO [X]	CAUCASIAN

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
BUSINESS OWNER	LIGHTING FIXTURE MFG	40

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 5 12TH AVE

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SAN MATEO	SAN MATEO	94402	30	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
SYBIL MILLER, SPOUSE	5 12TH AVE, SAN MATEO, CA 94402

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
SYBIL	DEE	GOLDSWORTHY	
31. NAME OF FATHER — FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
GLENN	--	MILLER	IA
35. NAME OF MOTHER — FIRST	**36. MIDDLE**	**37. LAST (Maiden)**	**38. BIRTH STATE**
LUCILLE	--	SIMON	ND

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
09/18/2008	RESIDENCE OF SYBIL MILLER 5 12TH AVE., SAN MATEO, CA 94402

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/RES	NOT EMBALMED	--

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
TRIDENT SOCIETY	1975	MITCHELL KATZ, MD	09/16/2008

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
CALIFORNIA PACIFIC MEDICAL CENTER-DAVIES	[X] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY
SAN FRANCISCO	-- CASTRO AND DUBOCE STREETS	SAN FRANCISCO

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

Time Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) CARDIOPULMONARY ARREST	(AT) MINS
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) RESPIRATORY FAILURE	(BT) HOURS
	(C) SEPTICEMIA	(CT) DAYS
	(D) HEPATIC ENCEPHALOPATHY	(DT) DAYS

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO — REFERRAL NUMBER

109. BIOPSY PERFORMED? [ ] YES [X] NO

110. AUTOPSY PERFORMED? [ ] YES [X] NO

111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: HEPATIC FAILURE, ALCOHOLIC CIRRHOSIS, OLIGURIC RENAL FAILURE, ANOXIC BRAIN INJURY

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy
08/13/2008	08/22/2008

115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
CLEON H YEE M.D.	A75914	09/16/2008

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: BRIAN EDWARD KLUESS M.D.
CASTRO AND DUBOCE STREETS, SAN FRANCISCO, CA 94114

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK

121. INJURY DATE mm/dd/ccyy

122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E	[redacted]	FAX AUTH. #	CENSUS TRACT
						012006000692809		

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

002655578

Mitchell Katz, M.D.
Health Officer and Local Registrar

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE