

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	LIEN
CONVEYING PARTY DATA	
Name	Execution Date
Quick Fitting, Inc.	02/24/2011
RECEIVING PARTY DATA	
Name:	Sovereign Bank
Street Address:	One Financial Plaza
City:	Providence
State/Country:	RHODE ISLAND
Postal Code:	02903
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	7862089
CORRESPONDENCE DATA	
Fax Number:	(401)621-8885
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	401-421-5100
Email:	sat@accardolaw.com
Correspondent Name:	Accardo Law Offices
Address Line 1:	311 Angell Street
Address Line 4:	Providence, RHODE ISLAND 02906
NAME OF SUBMITTER:	Sabrina Lomastro
Total Attachments: 1 source=qt term#page 1.tif	

OP \$40.00 7862089

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PATENT
 REEL: 025859 FRAME: 0675

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional] Sabrina Lomastro 421-5100 sat@accardolaw.com	
B. SEND ACKNOWLEDGMENT TO: [Name and Address] Accardo Law Offices 311 Angell Street Providence, Rhode Island 02906	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Quick Fitting, Inc.				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 750 Narragansett Park Drive		CITY East Providence	STATE RI	POSTAL CODE 02916
				COUNTRY USA
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION Rhode Island	
			1g. ORGANIZATIONAL ID #, if any 000177830 <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	
			2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Sovereign Bank				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS One Financial Plaza		CITY Providence	STATE RI	POSTAL CODE 02903
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

U.S. Patent No. 7,862,089 B2. This filing secures a Security Interest granted by the Debtor to the Secured Party.

5. ALTERNATIVE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAIOLR ☐ SELLER/BUYER ☐ AG.LIEN ☐ NON-UCC FILING6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA:

United States Patent and Trademark Office

1st \$750,000 Term

FILING OFFICE COPY— RHODE ISLAND UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/01/06)

RECORDED: 02/24/2011

PATENT
REEL: 025859 FRAME: 0676