

103620889

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**PATENT**  
**REEL: 026040 FRAME: 0334**

Serial Number (if known):  
Filing Date (if known):  
DIANTHUS Plant Named **WP10 VEN06**  
Inventor: **Carolyn Grace Bourne**

### ASSIGNMENT OF PATENT APPLICATION

Whereas, I, Carolyn Grace Bourne  
( PRINT NAME)

of Houndspool, Ashcombe Road / Dawlish / Devon / EX7 0QP / United Kingdom  
(Street, City, State/Province/County/Country)

believe that I am the original and first inventor of a new and distinct cultivar of

**DIANTHUS PLANT NAMED 'WP10 VEN06'**  
(Genus) (Denomination)

I, for good and valuable consideration, hereby convey and assign to PlantHaven, Inc., PO Box 3056, Santa Barbara, California, CA 93130-3056, USA the entire right in any application for United States Plant patent regarding the above-named cultivar, including but not limited to, the right to take action in any proceeding before the United States Patent and Trademark Office. This is an assignment with respect to the patent application pending before/or to be filed with the United States Patent and Trademark Office.

Executed by me by signature hereunder:

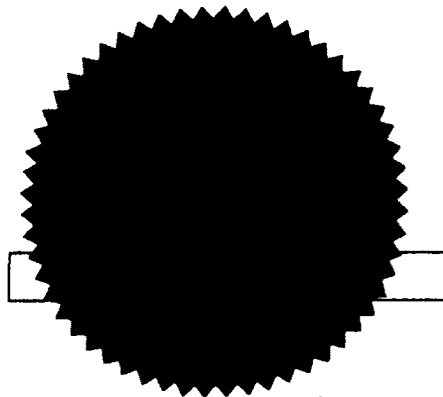
Carolyn Bourne  
(first-named inventor)

23 March 2010  
(date)

#### Certificate of Acknowledgment

COUNTRY  
State of ENGLAND )  
Month March ) SS.  
County of DEVON )

On this 23rd day of MARCH, 2010, before me, MICHAEL GEOFFREY MARTIN  
personally appeared CAROLYN GRACE BOURNE



- ☐ known personally to me  
☒ proved to me by satisfactory evidence

to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her/ signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Michael Geoffrey Martin  
Signature  
**MICHAEL GEOFFREY MARTIN**

☒ Notary Public ☒ Commissioner for Oaths ☐ Other (specify) \_\_\_\_\_

**MICHAEL GEOFFREY MARTIN**  
Notary Public  
County Chambers, 75 Queen Street, Exeter EX4 3RX

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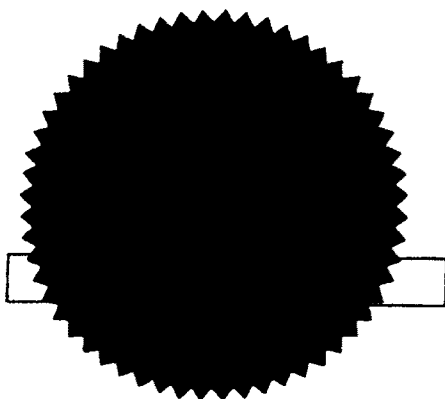
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