Form <b>PTO-159</b> 5 (Rev 03-11)		U S DEPARTMENT OF COMMERCE		
OMB No 0651-C027 (exp 03/31/2012)	5/10/2011	Jnited States Patent and Trademark Office		
5-10-11 R				
To the Director of the US Patent and T	103624747	ments or the new address(es) below		
I. Name of conveying party(ies)	2. Name and a	ddress of receiving party(ies)		
	Name Life on th	e Beach Settlement		
Cervelo Cycles Inc	Internal Addres	Internal Address <u>SG Hambros Bank &amp; Trust (Bahamas)Limited</u>		
Additional name(s) of conveying party(ies) attached? Ye 3. Nature of conveyance/Execution Date(s):		P.O. Box N-7788, SG Hambros Building		
Execution Date(s)		Street Address PO Box N-7788, SG Hambros Building		
Assignment Merger	4 West Bay Street			
Security Agreement Change of N	Lame City <u>Nassau</u>	City <u>Nassau</u>		
Joint Research Agreement		State		
Government Interest Assignment				
Executive Order 9424, Confirmatory License	e Country <u>Bahama</u>	<u>sZıp</u>		
	1	s) & address(es) attached? 🛄 Yes 🔀 No		
A. Application or patent number(s):     A Patent Application No (s) 12/659,671	B Patent N	Beceive Beceive		
Additional nu	∣ umbers attached?Yes [	No CRecords		
5. Name and address to whom corresponder concerning document should be mailed:	nce 6. Total numb involved: <u>1</u>	er of applications and patents		
Name Riches, McKenzie & Herbert LLP	<b>7. Total fee</b> (3 <sup>-</sup>	7 CFR 1 21(h) & 3 41) \$ <sub>40.00</sub>		
Internal Address 2 Bloor Street East, Suite 1800				
	Authorized	d to be charged to deposit account		
Street Address	X Enclosed	Enclosed		
	None requ	ured (government interest not affecting title)		
City Toronto	None require     8. Payment in	Irred (government interest not affecting title)		
-				
-	8. Payment Ir	formation		
State Ontario Zip M4W 3J5	8. Payment Ir	formation		
State Ontario Zip M4W 3J5 Phone Number: 416-961-5000	8. Payment Ir	formation		
State Ontario       Zip M4W 3J5         Phone Number: 416-961-5000         Fax Number _ 416-961-5081         Email Address _ riches@patents-toronto.com         9. Signature:       MuM Mu	B. Payment In     Deposit A     Authorize	oformation ccount Number ed User Name 05/10/2011 ANULLINS 00000078 12655		
State Ontario       Zip M4W 3J5         Phone Number 416-961-5000       Fax Number 416-961-5081         Email Address riches@patents-toronto.com       Fax Number 2000	B. Payment In     Deposit A     Authorize	nformation		

1

A

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

<u>~</u>--

## ASSIGNMENT OF PATENT RIGHTS

## Agent File: P18810

--

× .

In consideration of Five Dollars (\$5.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned Cervélo Cycles Inc. (herein called the "Assignor"), whose full post office address is 15 Leswyn Road, Unit 1, Toronto, Ontario, Canada M6A 1J8, affirms and acknowledges that on or about 16 March, 2010, it has sold, assigned and transferred and did thereby sell, assign and transfer to:

Life on the Beach Settlement a legal entity having as trustee SG Hambros Bank & Trust (Bahamas) Limited, P.O. Box N-7788, SG Hambros Building, West Bay Street, Nassau, Bahamas (hereinafter referred to as the "Assignee")

its successors, assigns and legal representatives, the entire right, title and interest for Canada, the United States and all other countries and jurisdictions, in and to any and all inventions and improvements which are disclosed in:

U.S. Patent Application Serial No. 12/659671 filed March 16, 2010

and all divisional, re-examined, reissue, and all other applications for Letters Patent which have been or shall be filed on any of said inventions and improvements; and in and to all original and reissued patents which have been or shall be issued on said inventions and improvements;

Agree that said Assignee may apply for and receive Letters Patent and re-issue patents for said inventions and improvements in its own name;

Covenant with said Assignee, its successors, assigns and legal representatives that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by the undersigned, and that full right to convey the same as herein expressed is possessed by the undersigned.

Executed at  $\underline{\text{ToreonTO}}$ , Canada, this  $\underline{27}^{\text{th}}$  day of  $\underline{APRIL}$ , 2011,

which assignment is effective, nunc pro tunc, as of the date 16 March, 2010.

Cervélo Cycles Inc.

by:

Name: Philip White Position: CEO

## **DECLARATION OF WITNESS**

I, <u>Michael J.K. Clarry</u>, hereby declare that I was personally present and did witness Philip White duly sign and execute the foregoing assignment as representative of the Assignor, and that he did declare to me to be authorized under the Constitution and by-laws of the Assignor to execute documents on its behalf, with this assignment valid the applicable laws governing the Assignor and binding thereon presently executed, whether with or without a corporate seal of the Assignor affixed thereto.

Ud (Signature of Witness)

Name: <u>Michael J.K. Clarry</u>

Address: <u>81 Dunloe Road</u>

Toronto, Ontario, M5P 2T7

17. Assignment of patent from Cervélo to Life On the Beach Settlement

Page 2 of 2 PATENT REEL: 026272 FRAME: 0792

	BPBrwork Reduction Act of 1995, no persons are require WER OF ATTORNEY	Application Nur	nber	12/659671	
	OR	Filing Date		March 16, 2010	
REVOCATIC	ON OF POWER OF ATTORNEY	First Named Inv	entor	WHITE, Philip	
WITHAN	EW POWER OF ATTORNEY	Title		Bicycle Frame Manufacture	
AND		Art Unit			
		Examiner Name			
CHANGE OF CORRESPONDENCE ADDRESS		Attorney Docket	Number	P18810	
hereby revoke all previous powers of attorney given i					
	Attorney is submitted herewith.		inuneo ap	plication.	
OR I hereby appoint Practitioner(s) associated with the following Number as my/our attorney(s) or agent(s) to prosecute the all identified above, and to transact all business in the United St and Trademark Office connected therewith: OR		onlinetian		022839	
I hereby appo	int Practitioner(s) named below as my/our attor business in the United States Patent and Trad	ney(s) or agent(s) i emark Office conne	to prosecute	the application identified above, and ith:	
	Practitioner(s) Name		Registration Number		
lease recognize	or change the correspondence addres	as for the above	e-identifie	d application to:	
OR	or change the correspondence addres ssociated with the above-mentioned Customer ssociated with Customer Number:	3s for the above Number.	e-identifie	d application to:	
The address a       OR       The address as       OR       OR       OR       Firm or	ssociated with the above-mentioned Customer	Number.	ə-identified	d application to:	
C The address a OR The address as OR C Firm or Individual Name	ssociated with the above-mentioned Customer ssociated with Customer Number:	Number.	9-identified	d application to:	
Ane address a       OR       The address as       OR       OR       OR       OR       OR	ssociated with the above-mentioned Customer	Number.	e-identifie	d application to:	
CR OR The address as OR Firm or Individual Name Idress	ssociated with the above-mentioned Customer ssociated with Customer Number:	LP			
C The address a OR The address as OR Firm or Individual Name dress y untry	ssociated with the above-mentioned Customer ssociated with Customer Number: Riches, McKenzie & Herbert I 2 Bloor Street East, Suite 1800	LP	o-identified Ontario	d application to:	
C The address a OR The address as OR Firm or Individual Name dress y untry	ssociated with the above-mentioned Customer ssociated with Customer Number: Riches, McKenzie & Herbert I 2 Bloor Street East, Suite 1800 Toronto	LP	Ontario	Zip M4W 3J5	
Solution     Solution	ssociated with the above-mentioned Customer ssociated with Customer Number: Riches, McKenzie & Herbert I 2 Bloor Street East, Suite 1800 Toronto Canada	LP	Ontario		
The address a       OR       The address as       OR       OR       Firm or       Individual Name	ssociated with the above-mentioned Customer ssociated with Customer Number: Riches, McKenzie & Herbert I 2 Bloor Street East, Suite 1800 Toronto Canada 416-961-5000	LP	Ontario	Zip M4W 3J5	
Applicant/Invent	ssociated with the above-mentioned Customer ssociated with Customer Number: Riches, McKenzie & Herbert I 2 Bloor Street East, Suite 1800 Toronto Canada 416-961-5000	LP	Ontario	Zip M4W 3J5	
She address a     OR     The address as     OR     The address as     OR     Individual Name dress  y unity ephone n the:     Applicant/Invent OR     Assignee of reco	sociated with the above-mentioned Customer     sociated with Customer Number:     Riches, McKenzie & Herbert I     2 Bloor Street East, Suite 1800     Toronto     Canada     416-961-5000  or.  or.  ord of the entire Interest. See 37 CEB 3 71	LP State Email	Ontario riches@r	Zip M4W 3J5	
Assignee of reco	Riches, McKenzie & Herbert I 2 Bloor Street East, Suite 1800 Toronto Canada 416-961-5000 or.	Number.	Ontario riches@p	Zip M4W 3J5	
Assignee of recc Statement under	sociated with the above-mentioned Customer     sociated with Customer Number:     Riches, McKenzie & Herbert I     2 Bloor Street East, Suite 1800     Toronto     Canada     416-961-5000  or.  or.  ord of the entire Interest. See 37 CEB 3 71	Number.	Ontario riches@p	Zip M4W 3J5 patents-toronto.com	
Assignee of reco Statement under	Riches, McKenzie & Herbert I 2 Bloor Street East, Suite 1800 Toronto Canada 416-961-5000 or. or. Santo (Form PTO/SB/96) submitted Santo (Santo) Signature of Applica	LP State Email herewith on filed on it or Assignse of I	Ontario riches@r Record Date	Zip M4W 3J5 Datents-toronto.com	
She address a     OR     The address as     OR     Firm or     Individual Name dress  y untry ephone n the:     Applicant/Invent OR     Assignee of recc     Statement under nature ne	Riches, McKenzie & Herbert I Riches, McKenzie & Herbert I 2 Bloor Street East, Suite 1800 Toronto Canada 416-961-5000 or. or. SG Hambros Bank & Truet ( Back SG Hambros Bank & Truet ( Back Sector 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	LP State Email herewith on filed on it or Assignse of I	Ontario riches@p	Zip M4W 3J5 Datents-toronto.com	
The address a     OR     The address as     OR     The address as     OR     Firm or     Individual Name     Individual Name     Individual Name     Individual Name     Individual Name     OR     Assignse of record     Statement under     Celpha     nature     ne     and Company	Riches, McKenzie & Herbert I 2 Bloor Street East, Suite 1800 Toronto Canada 416-961-5000 or. or. Santo (Form PTO/SB/96) submitted Santo (Santo) Signature of Applica	LP State Email herewith on filed on it or Assignse of I Lemas) Limited	Ontario riches@p Record Date Telephor	Zip       M4W 3J5         Datents-toronto.com         FEB       9 ZU11         ne       242-302-5000	

including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**RECORDED: 05/10/2011** 

۰.,

, **.** 

.

,

•