## PATENT ASSIGNMENT

# Electronic Version v1.1

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	TANCE.		ASSIGNMENT		
CONVEYING PARTY	DATA	I			
		Name		Execution Date	
Thomas E. Wogoman				06/07/2012	
Jon M. Edwards		06/05/2012			
Duncan G. Young				05/28/2012	
Liam T. Dower				05/28/2012	
Rusty T. Meier				06/05/2012	
David W. Waite II				06/06/2012	
Rebecca L. Chaney				06/05/2012	
Michael J. Rock				05/28/2012	
Matthew S. Wallace				06/05/2012	
Scott M. Thomas				06/05/2012	
Robert S. Gorab				05/30/2012	
Name: Street Address:	DePuy Prod				
City:	Warsaw				
State/Country: Postal Code:	46581				
	40581				
	RS Total: 1				
Property Ty	уре		Number		
Application Number:		13530662	3530662		
CORRESPONDENCE	DATA				
Fax Number:	317231	7433			
Email:		@btlaw.com			
Correspondence will b via US Mail.	be sent to the	e-mail address first; if tha	at is unsuccessful, it w	ill be sent	
na oo man.					
Correspondent Name:	: Barnes	& Thornburg LLP			

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# REEL: 028906 FRAME: 0842

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ATTORNEY DOCKET NUMBER:	265280-221346
NAME OF SUBMITTER:	Jeffrey T.G. Kelsey
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Attorney Docket No.: <u>265280-221346</u> Client Reference No.: <u>DEP6380USNP</u>

### ASSIGNMENT

For good and valuable consideration, the sufficiency of which is acknowledged, the undersigned,

Thomas E. Wogoman Jon M. Edwards Duncan G. Young Liam T. Dower Rusty T. Meier David W. Waite II Rebecca L. Chaney Michael J. Rock Matthew S. Wallace Scott M. Thomas Robert S. Gorab

maker(s) of an invention that is the subject of an application for Letters Patent of the United States ("Application") and claims priority to U.S. Patent Application Serial No. 61/503,303, filed June 30, 2011, entitled

#### METHOD OF USING A TRIALING SYSTEM FOR A KNEE PROSTHESIS

the undersigned hereby sell(s), assign(s), and set(s) over to

DePuy Products, Inc. 700 Orthopaedic Drive Warsaw, IN 46581

A corporation of the state of **INDIANA** 

(hereinafter designated as the Assignee) their entire right, title, and interest in, to, and under the Application, including all priority rights for other countries arising therefrom, all inventions therein disclosed, and any and all Letters Patent of the United States and of all other countries, including Canada, which may be granted for such inventions, or any of them, all such inventions and all rights in such Application and Letters Patent to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

The undersigned agree(s) to execute all papers necessary in connection with the application(s) in the United States and foreign countries and any continuing, divisional, or reissue applications thereof, and any reexamination of any of such applications, and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

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#### ASSIGNMENT TO BUSINESS CONCERN

The undersigned agree(s) to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States and in all other countries where Assignee may desire to have such inventions, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

The undersigned hereby authorize(s) and request(s) the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from said application(s) or any division or divisions or continuing or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, as Assignee of the entire interest, and hereby covenants that the undersigned has full right to convey the interest herein assigned, and that the undersigned has not executed, and will not execute, any agreement in conflict herewith.

The undersigned hereby grant(s) the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

IN WITNESS WHEREOF, I have executed this assignment at (city, state) 2012 this (month) (year)

Inventor (Signature

Thomas E. Wogoman Inventor (Printed Name)

#### ACKNOWLEDGMENT

STATE OF Indiana COUNTY OF KODCIUSKI

cknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this day of

SS:

Notary Public

<u>a</u>

Nancy Williams Notary Public State of Indiana Koscillske Chamey My Commission Exp. June 21, 2016

My Commission Expires:

Resident of \_

County

IN WITNESS WHEREOF, I have exec	uted this assignment at $\underline{-0}$	arraw Indiana
this day of	Quine	(city, state) 2012
(day)	(month)	(year)

Inventor (Signature)

Jon M. Edwards
Inventor (Printed Name)

#### ACKNOWLEDGMENT

STATE OF Indiana ; COUNTY OF Kesciusko? SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this  $\underline{512}$  day of  $\underline{412}$ .

Notary Public

Nancy Williams Notary Public<del>Pitated Nadiana</del> Kosciusko County My Commission Exp. June 21, 2016 Resident of \_\_\_\_\_

My Commission Expires:

PATENT REEL: 028906 FRAME: 0847

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 Inventor (Signature)	Witness	
 Duncan G. Young		
Inventor (Printed Name)	Witness	

# PATENT REEL: 028906 FRAME: 0848

Page 4 of 12

this	day of		(city, state) ,2012	
	(day)	(month)	(year)	
			·	
	Witness		Inventor (Signature)	<u> </u>
			Liam T. Dower Inventor (Printed Name)	

IN WITNESS WHEREOF, I have executed this assignment at \_\_\_\_\_

Arvau NA IN WITNESS WHEREOF, I have executed this assignment at  $\underline{A}$ (city, state) Gib (day) \_day of \_ this\_ 2012 (month) (year) Inventor (Signature) Rusty T. Meier Inventor (Printed Name) ACKNOWLEDGMENT STATE OF Miand SS: COUNTY OF KODCIUSK Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this \_\_\_\_\_\_ day of \_\_\_\_\_\_. Notary Public Nancy Williams Notary Public Statianid Indiana **Kosciusko** County My Commission Exp. June 21, 2016 Resident of County My Commission Expires:

Page 6 of 12

Variaw 11 M A IN WITNESS WHEREOF, I have executed this assignment at \_ this <u>6</u> <u>th</u> day of \_\_\_\_\_\_ (city, state) 2012 (month) (year) Inventor (Signature) David W. Waite II Inventor (Printed Name) ACKNOWLEDGMENT STATE OF Malana SS: COUNTY OF KODCIUS Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this Notary Public Nancy Williams Notary Pubpeifiedena Hiediana Kosciusko County My Commission Exp. June 21, 2016

Resident of \_\_\_\_\_

My Commission Expires:\_\_\_

County

Page 7 of 12

Narsaw . ara IN WITNESS WHEREOF, I have executed this assignment at (city, state) 矿地 this \_ day of 2012 (month) (year) Inventor (Signature) Rebecca L. Chaney Inventor (Printed Name) ACKNOWLEDGMENT STATE OF Indiana COUNTY OF Kincusko SS: Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this Notary Public Napry '5' Hisms Notary Fublic State of Indiana Printed Name My Commission Exp. June 21, 2016 Resident of \_\_ County My Commission Expires:\_

this day of		(city, state) ,2012
(day)	(month)	(year)
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		Michael J. Rock
Witness		Inventor (Printed Name)

Page 9 of 12

IN WITNESS WHEREOF, I have	executed this assignment at $\_\mathcal{W}$	arsaw Indiana	
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Inventor (Signature

Matthew S. Wallace Inventor (Printed Name)

#### ACKNOWLEDGMENT

STATE OF Indiana ; COUNTY OF KOSCIUSKO ; SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal day of \_\_\_\_\_\_\_\_, XOIZ\_\_\_\_\_. this .

Notary Public

Nancy Williems Notary Per Printed Name Kounted Stary iiana My Commission Brie June 21, 2016

My Commission Expires:

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County

Page 10 of 12

IN WITNESS	WHEREOF	, I have e	xecuted this assignment at _	lin	Naw	Indiana
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Inventor (Signature)

Scott M. Thomas Inventor (Printed Name)

#### ACKNOWLEDGMENT

STATE OF Indiana COUNTY OF KOSCIUSKO SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal \_\_\_\_\_\_ day of \_\_\_\_\_\_\_. this\_

Notary Public

Nancy Williams Notary Public State of Indiana Kosciusko County My Commission Exp. June 21, 2016

County

My Commission Expires:

Resident of \_

41-1-	dary of		(city, state)	
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ASSIGNMENT TO BUSINESS CONCERN

Attorney Docket No.: <u>265280-221346</u> Client Reference No.: <u>DEP6380USNP</u>

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		(month)	nt at(city, state) 2012	
(day)		(month)	(year)	
			Inventor (Signature)	
			<u>Thomas E. Wogoman</u> Inventor (Printed Name	)
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Page 2 of 12

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			Inventor (Signature)
			Jon M. Edwards
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			Notary Public

Printed Name

My Commission Expires:\_\_\_\_\_

Resident of \_\_\_\_\_ County

Page 3 of 12

IN WITNESS WHEREOF, I have executed in	his assignment at	LEBOS, UK.
this <u>28</u> day of	MAY.	(city, state) 
(day)	(month)	(year)
Viewe		hun ma
Witness		Inventor (Signature)
Witness	~>	Duncan G. Young Inventor (Printed Name)

Page 4 of 12

this day of		(city, state) 2012
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Witness		Inventor (Signature)
••••••		Liam T. Dower
Witness		Inventor (Printed Name)

Page 5 of 12

# PATENT REEL: 028906 FRAME: 0861

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| this      |                        |                 | (month)               | (city, state)<br>                             |        |
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| (         | (day)                  |                 | (month)               | (year)                                        |        |
|           |                        |                 |                       | Inventor (Signature)                          |        |
|           |                        |                 |                       | Rusty T. Meier<br>Inventor (Printed Name)     |        |
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|           |                        |                 | ACKNOWLEDO            | IMENT                                         |        |
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Page 6 of 12

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| (day)          | day or         | (monih)                    | (year)                                                     |
|                |                |                            | Inventor (Signature)                                       |
|                |                |                            | David W. Waite II                                          |
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Page 7 of 12

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| (day)             |             |             | (month)               | (year)                                              |
|                   |             |             |                       | Inventor (Signature)                                |
|                   |             |             |                       | Rebecca L. Chaney                                   |
|                   |             |             |                       | Inventor (Printed Name)                             |
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| STATE OF          |             |             |                       |                                                     |
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Page 8 of 12

| IN WITNESS WHEREOF, I have exe<br>this <u>28</u> day of | ·       | <u>(city, state)</u><br>2012               |  |
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| Morree                                                  | vC      | Mak                                        |  |
| Witness                                                 |         | Inventor (Signature)                       |  |
| Witness                                                 |         | Michael J. Rock<br>Inventor (Printed Name) |  |

Page 9 of 12

| IN WITNESS WHE    | REOF, I have executed | this assignment at                        |                         |          |
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|                   |                       |                                           | Inventor (Signature)    |          |
|                   |                       |                                           | Matthew S. Wallace      |          |
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Page 10 of 12

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|           |                             |                               |                                                       |
|           |                             |                               | Inventor (Signature)                                  |
|           |                             |                               | Scott M. Thomas                                       |
|           |                             |                               | Inventor (Printed Name)                               |
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| STATE OF  | }                           | <b>SS</b> :                   |                                                       |
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My Commission Expires:\_\_\_\_\_

Resident of \_\_\_\_\_ County

Page 11 of 12

|                |                      |                                | (city, state)                                       |
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| this           | day of               | (month)                        |                                                     |
| (day)          |                      | (month)                        | (year)                                              |
|                |                      |                                |                                                     |
|                |                      |                                | Inventor (Signature)                                |
|                |                      |                                | Robert S. Gorab                                     |
|                |                      |                                | Inventor (Printed Name)                             |
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#### ASSIGNMENT TO BUSINESS CONCERN-

Attorney Docket No.: <u>263280-221346</u> Clicut Reference No.: <u>DEP63801/NNP</u>

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A corporation of the state of INDIANA

(hereination designated as the Assignee) their entire right, title, and interest in, to, and under the Application, including all priority rights for other countries arising therefrom, all inventions therein disclosed, and any and all Letters Patent of the United States and of all other countries, including Canada, which may be granted for such inventions, or any of them, all such inventions and all rights in such Application and Letters Patent to be held and enjoyed by Assignae for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

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The undersigned agree(s) to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States and in all other comprises where Assignee may desire to have such inventions, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to yest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

The undersigned hereby authorize(s) and request(s) the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from said applications) or any division or divisions or continuing or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, as Assignee of the entire interest, and hereby covenants that the undersigned has full right to convey the interest herein assigned, and that the undersigned has not executed, and will not execute, any agreement in conflict herewith.

The undersigned hereby grantes) the atomey of record the power to insert on this assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.



| this       | (cit), state)<br>day of                                                                                     |  |
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|            | inventor (Signature)<br>Jon M. Edwards<br>Inventor (Printed Name)                                           |  |
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| Witness                                                   |
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| Page 4 of 12                                              |

IN WITNESS WHEREOF, I have executed this assignment at <u>CAMBENDIE</u> , CARABICI inene? (city, state) 2012 1505 \_\_\_\_\_ NAAN day of (day) (month) (year) Сланам 64.64.575 Inventor (Signature) Liam, T. Down loventor (Printed Name) Witness AME BOOTH Page 5 of 12 PATENT **REEL: 028906 FRAME: 0873** 



**REEL: 028906 FRAME: 0874** 

| IN WITNESS WITCHED AND ADDRESS OF A DECEMBER OF                                                                                 |
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| IN WITNESS WHEREOF, I have executed this assignment at                                                                          |
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| INavid W. Waite (I<br>Inventor (Printed Name)                                                                                   |
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|                    |                                 |                             | Matthew S. Wallace<br>Inventor (Printed Name) |        |
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| My Commission                           | Expires                  |                        |                     |                 |              | Nots<br>Print | ry Public<br>od Name |                 | ••••••         | 8       |
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#### ASSIGNMENT TO BUSINESS CONCERN

Attorney Docket No.: <u>265280-221346</u> Client Reference No.: <u>DEP6380USNP</u>

# ASSIGNMENT

For good and valuable consideration, the sufficiency of which is acknowledged, the undersigned,

Thomas E. Wogoman Jon M. Edwards Duncan G. Young Liam T. Dower Rusty T. Meier David W. Waite II Rebecca L. Chaney Michael J. Rock Matthew S. Wallace Scott M. Thomas Robert S. Gorab

maker(s) of an invention that is the subject of an application for Letters Patent of the United States ("Application") and claims priority to U.S. Patent Application Serial No. 61/503,303, filed June 30, 2011, entitled

## **METHOD OF USING A TRIALING SYSTEM FOR A KNEE PROSTHESIS**

the undersigned hereby sell(s), assign(s), and set(s) over to

DePuy Products, Inc. 700 Orthopaedic Drive Warsaw, IN 46581

#### A corporation of the state of INDIANA

(hereinafter designated as the Assignee) their entire right, title, and interest in, to, and under the Application, including all priority rights for other countries arising therefrom, all inventions therein disclosed, and any and all Letters Patent of the United States and of all other countries, including Canada, which may be granted for such inventions, or any of them, all such inventions and all rights in such Application and Letters Patent to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

The undersigned agree(s) to execute all papers necessary in connection with the application(s) in the United States and foreign countries and any continuing, divisional, or reissue applications thereof, and any reexamination of any of such applications, and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

The undersigned agree(s) to execute all papers necessary in connection with any interference which may be declared or litigation concerning the application(s) or continuation, division, reissue, or reexamination thereof, and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with such interference or litigation.

The undersigned agree(s) to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

PATENT REEL: 028906 FRAME: 0881

## ASSIGNMENT TO BUSINESS CONCERN

The undersigned agree(s) to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States and in all other countries where Assignee may desire to have such inventions, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignce or its nominees the full and complete legal and equitable title to all such Letters Patent.

The undersigned hereby authorize(s) and request(s) the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from said application(s) or any division or divisions or continuing or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, as Assignee of the entire interest, and hereby covenants that the undersigned has full right to convey the interest herein assigned, and that the undersigned has not executed, and will not execute, any agreement in conflict herewith.

The undersigned hereby grant(s) the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

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|           |                                |                               | Inventor (Signature)                                |
|           |                                |                               | Thomas E. Wogoman<br>Inventor (Printed Name)        |
|           |                                | ACKNOWLEDG                    | MENT                                                |
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PATENT REEL: 028906 FRAME: 0882

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|               |                     |                                        | Jon M. Edwards                                     |
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|      | 'itness                      |         | Duncan G. Young<br>Inventor (Printed Name) |

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|                 |                   |                             | Rusty T. Meier                                     |
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|                   |       |                                 | David W. Waite II                         |               |
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|      | Witness                  |         | Michael J. Rock<br>Inventor (Printed Name) |                                        |

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|                                          |                                     | Matthew S. Wallace                                |
|                                          |                                     | Inventor (Printed Name)                           |
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|                            |                  |                               | Scott M. Thomas<br>Inventor (Printed Name)           |
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|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Robert S. Gorab                                     |
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Inventor (Printed Name)                             |
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
|          |                                                                                                                                                                                                                                                                                                                       | ACKNOWLEDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GMENT                                               |
| TEQF     | }                                                                                                                                                                                                                                                                                                                     | 66.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |
| INTY OF  |                                                                                                                                                                                                                                                                                                                       | SS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |
|          | · · ·                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and Notorial Soul                                   |
| Ackn     | owledged before me, a N                                                                                                                                                                                                                                                                                               | otary Public, within and for said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | County and State. Witness my hand and Notarial Seal |
|          | day of                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
|          |                                                                                                                                                                                                                                                                                                                       | 7,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
|          |                                                                                                                                                                                                                                                                                                                       | $\times$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Notary Public                                       |
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Printed Name                                        |
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Printed Name                                        |
| Commissi | on Evnims.                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
| Commissi | on Expires:                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |
|          | State of California, Country of Orange                                                                                                                                                                                                                                                                                | ACTING SOUTH AND ADD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                     |
|          | State of California, County of Orange<br>On <u>2013 30, 2012</u> before the provide in the on the basis of safe                                                                                                                                                                                                       | Dz T S. GORAB Reactory evidence to be the personal reactory evidence and achowind and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |
|          | State of California, County of Orange<br>On <u>M14 30 2012</u> befor<br>Personally oppeared <u>R084</u><br>who proved to me on the basis of soft<br>stress normetic listore subscribed to the                                                                                                                         | $T_{A} = S_{A} C_{A} B_{A}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |
|          | State of California, County of Orange<br>On <u>2014</u> 30, 2012 before<br>Personally oppeared <u>10,084</u><br>who proved to me on the basis of safe<br>whose namets lighter subscribed to the<br>to me that heighter standured on<br>and what heighter standured on                                                 | The risk of the second |                                                     |
|          | State of California, County of Orange<br>On <u>2014</u> 30, 2012 befor<br>Personally appeared <u>1008</u><br>who proved to me on the basis of saf<br>whose name(s) isfore subscribed to the<br>to me that he/sherther signature(e) on<br>upon behalf of which the person<br>I certify under PENALTY OF PERSING of the | The rise of the store of the s |                                                     |
|          | State of California, County of Orange<br>On <u>2014</u> 30, 2012 befor<br>Personally appeared <u>1008</u><br>who proved to me on the basis of saf<br>whose name(s) isfore subscribed to the<br>to me that he/sherther signature(e) on<br>upon behalf of which the person<br>I certify under PENALTY OF PERSING of the | The rise of the store of the s |                                                     |
|          | State of California, County of Orange<br>On <u>2014</u> 30, 2012 before<br>Personally oppeared <u>10,084</u><br>who proved to me on the basis of safe<br>whose namets lighter subscribed to the<br>to me that heighter standured on<br>and what heighter standured on                                                 | The rise of the store of the s | Resident ofCo                                       |
|          | State of California, County of Orange<br>On <u>2014</u> 30, 2012 befor<br>Personally appeared <u>1008</u><br>who proved to me on the basis of saf<br>whose name(s) isfore subscribed to the<br>to me that he/sherther signature(e) on<br>upon behalf of which the person<br>I certify under PENALTY OF PERSING of the | The rise of the store of the s |                                                     |

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RECORDED: 09/06/2012