PATENT ASSIGNMENT

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SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Christophe Max Jean Jouin	10/04/2012

RECEIVING PARTY DATA

Name:	Z124
Street Address:	P.O. Box 309GT
Internal Address:	Ugland House, South Church St.
City:	Georgetown, Grand Cayman
State/Country:	CAYMAN ISLANDS
Postal Code:	KY1-1104

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	13628432

CORRESPONDENCE DATA

Fax Number: 3038630223

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 303-863-9700

Email: cmendoza@sheridanross.com

Correspondent Name: Sheridan Ross P.C.

Address Line 1: 1560 Broadway

Address Line 2: Suite 1200

Address Line 4: Denver, COLORADO 80202-5141

ATTORNEY DOCKET NUMBER: 6583-224

NAME OF SUBMITTER: Tadd F. Wilson

Total Attachments: 1

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PATENT REEL: 029180 FRAME: 0732 0.00 1362843

ALLY, DOCKEL NO., 0303-224

Worldwide Assignment

WHEREAS, I/We, Christophe Max Jean Jouin, have made an invention entitled MULTISCREEN PHONE **EMULATION** for which I/We have filed an application for Letters Patent of the United States on September 27, 2012, under Application No. 13/628,432, and

WHEREAS, Z124 ("ASSIGNEE"), a corporation or other business entity duly registered in the State/Country of Cayman Islands, whose postal address is P.O. Box 309GT, Ugland House, South Church St., Georgetown, Grand Cayman KY1-1104, Cayman Islands, desires to acquire the entire right, title, and interest in and to the invention, the application, and any Letters Patent to be granted for the invention in the United States and in all foreign countries;

NOW, THEREFORE, in consideration of One Dollar (\$1.00) paid to me/us by ASSIGNEE, and other good and valuable consideration, the receipt and sufficiency of which I/We acknowledge. I/We. have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto ASSIGNEE, its successors, legal representatives, and assigns, the entire right, title, and interest in and to the invention, the application, all applications claiming benefit of the application, including, but not limited to, all divisions and continuations of the application, and all Letters Patent that may be granted thereon in the United States, Canada and in all foreign countries, and all reissues thereof, together with the right to claim priority under the International Convention in all member countries; and I/We authorize and request the Director of Patents and Trademarks to issue all Letters Patent for the invention to ASSIGNEE, its successors, legal representatives, and assigns in accordance with the terms of this Assignment;

AND I/We covenant and agree that I/We have the full right to convey the entire right, title, and interest herein assigned and that !/We have not executed and will not execute any assignment or other instrument in conflict with this Assignment;

AND THEE COVERING AND AQUEE THE OPEN TEQUES BY ASSESSMENT, IS SUCCESSOR, RUAL TOPTOCONDATED, AND ACTION OF CONTROL OF THE TOPTOCONDATED OF THE ACTION OF THE necessary or desirable to assist ASSIGNEE, its successors, legal representatives, and/or assigns to obtain and enforce patent protection for the invention in the United States and in all foreign countries, including, but not limited to, communicate with ASSIGNEE, its successors, legal representatives, and/or assigns any facts known to me/us regarding the invention, testify in any legal proceeding, sign all lawful papers, execute and deliver all papers that may be necessary or desirable to perfect the title to the invention in ASSIGNEE, its successors, legal representatives, and/or assigns, execute all divisional, continuation, and reissue applications, and make all rightful oaths, it being understood that any expense incident to the rendering of such assistance will be borne by ASSIGNEE, its successors, legal representatives, and/or assigns;

AND I/We further hereby authorize ASSIGNEE, or its attorneys or agents, to insert the correct Application Number and filing Date Into this Assignment, if none is indicated on that date of my/our execution of this agreement.

IN WITNESS WHEREOF, I/We have executed this Assignment on the date(s) indicated below.

Signature:

Date:

Full Name: Christophe Max Jean Jouin

Address:

163 Douglas Avenue

Oak∨ille, Ontario L6J3R7

0/04/2012

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RECORDED: 10/24/2012