

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT										
NATURE OF CONVEYANCE:	ASSIGNMENT										
CONVEYING PARTY DATA											
<table border="1"> <thead> <tr> <th>Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>David A. Miceli</td> <td>10/18/2012</td> </tr> <tr> <td>Joseph A. Miceli</td> <td>10/16/2012</td> </tr> </tbody> </table>		Name	Execution Date	David A. Miceli	10/18/2012	Joseph A. Miceli	10/16/2012				
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RECEIVING PARTY DATA											
<table border="1"> <tr> <td>Name:</td> <td>Tri State Distribution, Inc.</td> </tr> <tr> <td>Street Address:</td> <td>600 Vista Drive</td> </tr> <tr> <td>City:</td> <td>Sparta</td> </tr> <tr> <td>State/Country:</td> <td>TENNESSEE</td> </tr> <tr> <td>Postal Code:</td> <td>38583</td> </tr> </table>		Name:	Tri State Distribution, Inc.	Street Address:	600 Vista Drive	City:	Sparta	State/Country:	TENNESSEE	Postal Code:	38583
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CORRESPONDENCE DATA											
<p>Fax Number: 8655234478 <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 8659345073 Email: WOrr@LNG-Patent.com Correspondent Name: Wade R. Orr, Esq. Address Line 1: PO Box 1871 Address Line 4: Knoxville, TENNESSEE 37901</p>											
ATTORNEY DOCKET NUMBER:	67983.US										
NAME OF SUBMITTER:	Wade R. Orr										
<p>Total Attachments: 3 source=67983us-topto-20121031-DeclarationForm#page1.tif source=67983us-topto-20121031-DeclarationForm#page2.tif source=67983us-topto-20121031-DeclarationForm#page3.tif</p>											

CH \$40.00 13664887

DECLARATION

As a below named inventor, I declare that this declaration is directed to the patent application entitled

ONE PIECE REVERSIBLE CLOSURE AND CONTAINER SYSTEM

having application serial number 13664887, filed on October 31, 2012 (the Application). The Application was made or authorized to be made by me. I believe that I am the original inventor or an original joint inventor of a claimed invention in the Application. I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 USC §1001 by fine or imprisonment of not more than five years, or both. I grant authority to any receiving intellectual property office to provide access to the Application to any other intellectual property office in which an application claiming priority to the Application is filed.

POWER OF ATTORNEY

I appoint the practitioners associated with the customer number, firm, and practitioner named below as my attorney to prosecute this Application and any other applications based thereon and to transact all business in connection therewith, including to make and receive payments, and request that all correspondence be directed to the customer number or addresses below:

Customer number:	00408--> Luedeka Neely Group, P.C.
Law Firm:	Luedeka Neely Group, P.C.
Attn:	Wade R. Orr
Mail:	PO Box 1871, Knoxville TN 37901 US
Email:	WOrt@LNG-Patent.com
Attorney docket:	67983.US

I grant the above-referenced practitioners the power to insert on this document any further information that may be necessary or desirable to comply with the rules of any relevant governmental office for the recordation of this document.

This document ☒ does ☐ does not include an assignment.

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I do hereby sell, assign, and transfer to:

Tri State Distribution, Inc., 600 Vista Drive, Sparta, TN 38583

and its successors, assigns, and legal representatives (collectively referred to as "Assignee"), the entire worldwide right, title and interest in and to any all inventions that are disclosed in the Application, and in and to the Application and all applications that have been or shall be filed based thereon; and in and to all rights of priority resulting from the filing of such applications. The Assignee may apply for and receive Letters Patent in its own name.

I will carry out in good faith the intent and propose of this assignment; execute all patent applications based on this Application; execute all needed documents; communicate to the Assignee all facts known to me relating to the invention and the history thereof; do whatever is necessary to secure and maintain patent protection for the invention and vest title to the invention and all applications and patents thereon in the Assignee. I have not made any assignment or other encumbrance or agreement affecting the rights and property herein conveyed, and I possess the full right to convey such rights and property.

I hereby authorize the attorneys named herein to accept and follow the instructions of the Assignee as to any action to be taken regarding this Application without direct communication between the attorneys and myself. I hereby waive any right to revoke such power of attorney and appoint substitute attorneys, and grant all such powers to the Assignee.

67983.US

SIGNATURE BLOCK FOR INVENTOR

David A. Miceli
David A. Miceli
10/18/2012
Date

Laura Miceli
Witness signature
LAURA MICELI
Witness name

Witness address

Inventor Residence:
Inventor Mailing Address:
Inventor Citizenship:

12965 Silver Wolf Road, Reno, NV 89511
12965 Silver Wolf Road, Reno, NV 89511
US

SUBSTITUTE STATEMENT WHEN INVENTOR IS NOT AVAILABLE

The undersigned believes the above-named to be the original inventor or an original joint inventor of a claimed invention in the Application. The Application was made or authorized to be made by the undersigned on behalf of the above-named inventor. The undersigned hereby acknowledges that any willful false statement made in this declaration is punishable under 18 USC §1001 by fine or imprisonment of not more than five years, or both. The undersigned's relationship to the inventor to whom this substitute statement applies is:

- ☐ legal representative (for deceased or legally incapacitated inventor only),
☐ assignee,
☐ entity to which the inventor is under an obligation to assign,
☐ entity that otherwise has shown a sufficient proprietary interest in the matter (37 CFR 1.46 petition provided), or
☐ joint inventor.

This substitute statement is necessary because the above-named inventor:

- ☐ is deceased,
☐ is under legal incapacity,
☐ cannot be found or reached after diligent effort, or
☐ has refused to execute this declaration.

By

Date

Residence:
Mailing Address:

67983.US

SIGNATURE BLOCK FOR INVENTOR

Joseph A. Miceli

Witness signature

Date

Witness name

Witness address

Inventor Residence: 2194 Phifer Mine Road, Spencer, TN 38585
Inventor Mailing Address: 2194 Phifer Mine Road, Spencer, TN 38585
Inventor Citizenship: US

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