

## PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

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>Matthew Ward</td> <td>07/16/2013</td> </tr> <tr> <td>Amanda Ward</td> <td>07/16/2013</td> </tr> <tr> <td>Guy DeWardener</td> <td>07/16/2013</td> </tr> <tr> <td>Cheryl DeWardener</td> <td>07/16/2013</td> </tr> </tbody> </table>		Name	Execution Date	Matthew Ward	07/16/2013	Amanda Ward	07/16/2013	Guy DeWardener	07/16/2013	Cheryl DeWardener	07/16/2013
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RECEIVING PARTY DATA											
<table border="1"> <tr> <td>Name:</td> <td>Just Off Center Innovations, LLC</td> </tr> <tr> <td>Street Address:</td> <td>12 Sherman Street</td> </tr> <tr> <td>City:</td> <td>Newport</td> </tr> <tr> <td>State/Country:</td> <td>RHODE ISLAND</td> </tr> <tr> <td>Postal Code:</td> <td>02840</td> </tr> </table>		Name:	Just Off Center Innovations, LLC	Street Address:	12 Sherman Street	City:	Newport	State/Country:	RHODE ISLAND	Postal Code:	02840
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PROPERTY NUMBERS Total: 1											
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CORRESPONDENCE DATA											
<p>Fax Number: 8777697945  <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: (617) 542-5070        Email: apsi@fr.com        Correspondent Name: Sean M. Dean        Address Line 1: FISH &amp; RICHARDSON P.C.        Address Line 2: P.O.BOX 1022        Address Line 4: MINNEAPOLIS, MINNESOTA 55440-1022</p>											
ATTORNEY DOCKET NUMBER:	38493-0003001										
NAME OF SUBMITTER:	Rita M. Liston										
Signature:	/Rita M. Liston/										

PATENT

Date:

07/26/2013

**Total Attachments: 5**

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ASSIGNMENT

For valuable consideration, we, Matthew Ward, of 12 Sherman Street, Newport, RI 02840; Amanda Ward, of 12 Sherman Street, Newport, RI 02840; Guy DeWardener, of 25 Watson Ave, Narragansett, RI 02882; Cheryl DeWardener, of 25 Watson Ave, Narragansett, RI 02882; hereby assign to JUST OFF CENTER INNOVATIONS, LLC, a corporation of Rhode Island, having a place of business at 12 Sherman Street

Newport, RI 02840

, and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by us, entitled CUBE CHARGER COVER, filed July 9, 2013, and assigned U.S. Serial Number 29/460,235, this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

DATE: 16 JUL 2013

Matthew Ward  
MATTHEW WARD

STATE OF Rhode Island )  
 ) SS.  
COUNTY OF Washington )

On July 16, 2013, before me, the undersigned, a notary public for the State of Rhode Island, there personally appeared MATTHEW WARD personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Martha Day  
Notary Public

MARTHA DAY  
NOTARY PUBLIC, STATE OF RHODE ISLAND  
COMMISSION EXPIRES: 7-7-17

DATE: 16 July 2013

Amanda Ward  
AMANDA WARD

STATE OF Rhode Island )  
COUNTY OF Washington ) SS.

On 7/16/13, before me, the undersigned, a notary public for the State of Rhode Island, there personally appeared AMANDA WARD personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in her authorized capacity and that by her signature on this Assignment, the person or the entity upon behalf of which she acted, executed this Assignment.

WITNESS my hand and official seal.

Melissa P. AyliFFE  
Notary Public

MELISSA P. AYLIFFE  
NOTARY PUBLIC, State of Rhode Island  
Commission Expires 4/21/17

DATE: \_\_\_\_\_

7/16/13

GUY DEWARDENER

STATE OF Rhode Island )  
 ) SS.  
COUNTY OF Washington )

On July 16, 2013, before me, the undersigned, a notary public for the State of Rhode Island, there personally appeared GUY DEWARDENER personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Martha Day  
Notary Public

MARTHA DAY  
NOTARY PUBLIC, STATE OF RHODE ISLAND  
COMMISSION EXPIRES: 7-7-17

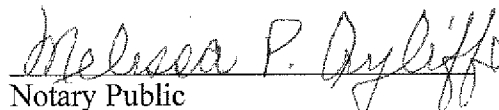
DATE: 7/16/13

  
CHERYL DEWARDENER

STATE OF Rhode Island  
COUNTY OF Washington ) SS.

On 7/16/13, before me, the undersigned, a notary public for the State of Rhode Island, there personally appeared CHERYL DEWARDENER personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in her authorized capacity and that by her signature on this Assignment, the person or the entity upon behalf of which she38943 acted, executed this Assignment.

WITNESS my hand and official seal.

  
Notary Public

MELISSA P. AYLIFFE  
NOTARY PUBLIC, State of Rhode Island  
Commission Expires 4/21/17

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