

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>Christophe CLARET</td> <td>08/27/2013</td> </tr> <tr> <td>Jan DUBOIS</td> <td>08/26/2013</td> </tr> <tr> <td>Alain SCHIESSER</td> <td>09/13/2013</td> </tr> </tbody> </table> | | Name | Execution Date | Christophe CLARET | 08/27/2013 | Jan DUBOIS | 08/26/2013 | Alain SCHIESSER | 09/13/2013 | | |
| Name | Execution Date | | | | | | | | | | |
| Christophe CLARET | 08/27/2013 | | | | | | | | | | |
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| RECEIVING PARTY DATA | | | | | | | | | | | |
| <table border="1"> <tr> <td>Name:</td> <td>CHRISTOPHE CLARET S.A.</td> </tr> <tr> <td>Street Address:</td> <td>Route du Soleil-d'Or 2</td> </tr> <tr> <td>City:</td> <td>Le Locle</td> </tr> <tr> <td>State/Country:</td> <td>SWITZERLAND</td> </tr> <tr> <td>Postal Code:</td> <td>2400</td> </tr> </table> | | Name: | CHRISTOPHE CLARET S.A. | Street Address: | Route du Soleil-d'Or 2 | City: | Le Locle | State/Country: | SWITZERLAND | Postal Code: | 2400 |
| Name: | CHRISTOPHE CLARET S.A. | | | | | | | | | | |
| Street Address: | Route du Soleil-d'Or 2 | | | | | | | | | | |
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| State/Country: | SWITZERLAND | | | | | | | | | | |
| Postal Code: | 2400 | | | | | | | | | | |
| PROPERTY NUMBERS Total: 1 | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Property Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Application Number:</td> <td>14003918</td> </tr> </tbody> </table> | | Property Type | Number | Application Number: | 14003918 | | | | | | |
| Property Type | Number | | | | | | | | | | |
| Application Number: | 14003918 | | | | | | | | | | |
| CORRESPONDENCE DATA | | | | | | | | | | | |
| <p>Fax Number: 7036850573 <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 7035212297 Email: agoode@young-thompson.com Correspondent Name: Young & Thompson Address Line 1: 209 Madison St., Suite 500 Address Line 4: Alexandria, VIRGINIA 22314</p> | | | | | | | | | | | |
| ATTORNEY DOCKET NUMBER: | 5034-1143 | | | | | | | | | | |
| NAME OF SUBMITTER: | Benoit Castel | | | | | | | | | | |
| Signature: | /Benoit Castel/ | | | | | | | | | | |
| Date: | 09/27/2013 | | | | | | | | | | |
| Total Attachments: 1 source=ASSMT#page1.tif | | | | | | | | | | | |

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