

## PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT2670622

| 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>WALTER CHARLES CROLL</td><td>09/05/2013</td></tr> <tr><td>JEFFERY WILLIAM ROGERS</td><td>09/12/2013</td></tr> <tr><td>MARTYN STUART ABBOTT</td><td>08/19/2013</td></tr> <tr><td>DAVID CHARLES CUMMINGS</td><td>08/20/2013</td></tr> <tr><td>DANIEL JOSEPH KNEIP</td><td>09/13/2013</td></tr> <tr><td>DAVID WOODRUFF WEST</td><td>11/22/2013</td></tr> <tr><td>CHAD NICHOLAS GRANT</td><td>08/29/2013</td></tr> <tr><td>ERIC JOEL THOR</td><td>09/25/2013</td></tr> <tr><td>MICHAEL JOHN BONNETTE</td><td>09/17/2013</td></tr> <tr><td>NICOLE JAYE AASEN</td><td>09/17/2013</td></tr> <tr><td>DOUGLAS JAMES BALL</td><td>09/18/2013</td></tr> <tr><td>JAMES FREDRICK KARPINSKI</td><td>09/20/2013</td></tr> <tr><td>ERNEST RALPH SCHERGER</td><td>09/19/2013</td></tr> <tr><td>JOHN LLOYD TESCHENDORF</td><td>09/23/2013</td></tr> <tr><td>STEPHEN EARL WEISEL</td><td>10/08/2013</td></tr> </tbody> </table> |                  | Name          | Execution Date | WALTER CHARLES CROLL | 09/05/2013       | JEFFERY WILLIAM ROGERS | 09/12/2013 | MARTYN STUART ABBOTT | 08/19/2013   | DAVID CHARLES CUMMINGS | 08/20/2013 | DANIEL JOSEPH KNEIP | 09/13/2013 | DAVID WOODRUFF WEST | 11/22/2013 | CHAD NICHOLAS GRANT | 08/29/2013 | ERIC JOEL THOR | 09/25/2013 | MICHAEL JOHN BONNETTE | 09/17/2013 | NICOLE JAYE AASEN | 09/17/2013 | DOUGLAS JAMES BALL | 09/18/2013 | JAMES FREDRICK KARPINSKI | 09/20/2013 | ERNEST RALPH SCHERGER | 09/19/2013 | JOHN LLOYD TESCHENDORF | 09/23/2013 | STEPHEN EARL WEISEL | 10/08/2013 |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Execution Date   |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| WALTER CHARLES CROLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 09/05/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| JEFFERY WILLIAM ROGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 09/12/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| MARTYN STUART ABBOTT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 08/19/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| DAVID CHARLES CUMMINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 08/20/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| DANIEL JOSEPH KNEIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 09/13/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| DAVID WOODRUFF WEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11/22/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| CHAD NICHOLAS GRANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 08/29/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| ERIC JOEL THOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 09/25/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| MICHAEL JOHN BONNETTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 09/17/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| NICOLE JAYE AASEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 09/17/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| DOUGLAS JAMES BALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 09/18/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| JAMES FREDRICK KARPINSKI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 09/20/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| ERNEST RALPH SCHERGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 09/19/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| JOHN LLOYD TESCHENDORF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 09/23/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| STEPHEN EARL WEISEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10/08/2013       |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| RECEIVING PARTY DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| <table border="1"> <tr><td>Name:</td><td>MEDRAD, INC.</td></tr> <tr><td>Street Address:</td><td>ONE MEDRAD DRIVE</td></tr> <tr><td>City:</td><td>INDIANOLA</td></tr> <tr><td>State/Country:</td><td>PENNSYLVANIA</td></tr> <tr><td>Postal Code:</td><td>15051</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Name:         | MEDRAD, INC.   | Street Address:      | ONE MEDRAD DRIVE | City:                  | INDIANOLA  | State/Country:       | PENNSYLVANIA | Postal Code:           | 15051      |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MEDRAD, INC.     |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ONE MEDRAD DRIVE |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INDIANOLA        |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| State/Country:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PENNSYLVANIA     |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| Postal Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 15051            |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| 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>13922630</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | Property Type | Number         | Application Number:  | 13922630         |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| Property Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Number           |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 13922630         |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |
| CORRESPONDENCE DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |               |                |                      |                  |                        |            |                      |              |                        |            |                     |            |                     |            |                     |            |                |            |                       |            |                   |            |                    |            |                          |            |                       |            |                        |            |                     |            |

Fax Number:

Phone: 412-767-2400

Email: jennifer.rae@bayer.com

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

Correspondent Name: MEDRAD INC.

Address Line 1: ONE MEDRAD DRIVE

Address Line 4: INDIANOLA, PENNSYLVANIA 15051

ATTORNEY DOCKET NUMBER:

PS/08-033.D.CON

NAME OF SUBMITTER:

DAVID SCHRAMM REG. 41295

Signature:

/David Schramm/

Date:

01/07/2014

Total Attachments: 18

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**ASSIGNMENT WITH DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

Whereas, I/We, the undersigned inventor(s) hereinafter called assignor(s), have invented certain improvements described in the application identified below; and

Whereas, **Medrad, Inc.**, a corporation organized and existing under the laws of the State of Delaware and having a place of business at One Medrad Drive, Indianapolis, PA 15051, (assignee), desires to acquire the entire right, title, and interest in the application and invention, and to any United States patents to be obtained therefor;

Now therefore, for valuable consideration, receipt whereof is hereby acknowledged,

I/We, the above named assignor(s), hereby sell, assign and transfer to the above named assignee, its successors, legal representatives, and assigns, the entire right, title and interest in the invention and the application for the United States of America, including all direct and indirect divisions, continuations, and continuations-in-part thereof, and all original, extended, reissued, reviewed, and reexamined Letters Patent of the United States, and all countries foreign thereto, that may be granted thereon, including rights of priority under the International Convention of Paris (1883) as amended, including the right to claim priority under 35 U.S.C. §119, and I/we request the Director of the U.S. Patent and Trademark Office to issue any Letters Patent granted upon the invention set forth in the application to the assignee, its successors and assigns; and I/we hereby agree that the assignee may apply for foreign Letters Patent on the invention and I/we will execute without further consideration all papers deemed necessary by the assignee in connection with the United States and foreign applications when called upon to do so by the assignee, its successors, legal representatives, or assigns. I/We further represent and warrant that I/We have the full right to convey the interest assigned by this assignment, and that I/We have not granted any rights inconsistent with the rights granted herein. I/We further acknowledge an obligation of assignment of this invention to assignee at the time the invention was made.

As the below named inventor I hereby declare that:

This Assignment with Declaration is directed to:

☐ The attached application, or

☒ United States Application or PCT International Application  
Number **13/922,630** filed on **June 20, 2013** (Confirmation No. **6276**).

The application is entitled: **Thrombectomy Catheter Deployment System**

The above identified application was made or was 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 am aware of the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 CFR 1.56.

I hereby acknowledge that any willful false statement made in this Assignment with Declaration is punishable under 18 USC 1001 by fine or imprisonment of not more than five (5) years, or both.

**Authorization To Permit Access To Application by Participating Office**

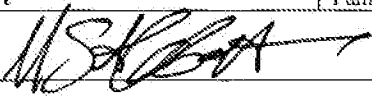
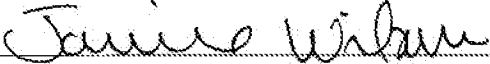
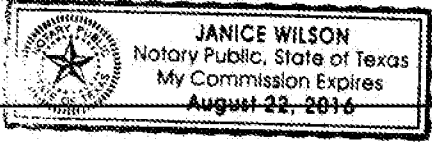
☒ If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Office (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, KIPO, or other intellectual property office in which a foreign application claiming priority to the above-identified application is filed to have access to the application.

In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the application-as-filed with respect to: 1) the above-identified patent application-as-filed, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified patent application, and 3) any U.S. application-as-filed from which benefit is sought in the above-identified patent application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Office.

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME OF SOLE OR FIRST INVENTOR:</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |
| Given Name<br>(first and middle [if any]) <b>Walter Charles</b>                                                                                                                                                                                                                                                                                             | Family Name or Surname <b>Croll</b>                                                                                                                                                                                                                                                                           |
| Inventor's signature <i>Walter Charles Croll</i>                                                                                                                                                                                                                                                                                                            | Date <b>9/5/2013</b>                                                                                                                                                                                                                                                                                          |
| Residence: <b>North Maplewood, MN</b>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                               |
| Mailing Address: <b>165 Crestview Drive, North Maplewood, MN 55119-4778</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                               |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                               |
| BEFORE ME, the undersigned authority, on this day personally appeared <i>Walter Croll</i> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.<br>Given under my hand and seal of office, this <i>September 5th</i> day of <i>2013</i> |                                                                                                                                                                                                                                                                                                               |
| Notary Public<br>Signature <i>Jennifer M. Rae</i>                                                                                                                                                                                                                                                                                                           | Notary Public<br>Printed Name: <i>Jennifer M. Rae</i>                                                                                                                                                                                                                                                         |
| [seal]                                                                                                                                                                                                                                                                                                                                                      | [stamp]<br><div style="border: 1px solid black; padding: 5px; text-align: center;"> COMMONWEALTH OF PENNSYLVANIA<br/> Notarial Seal<br/> Jennifer M. Rae, Notary Public<br/> Indiana Twp., Allegheny County<br/> My Commission Expires Feb. 26, 2016<br/> MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES </div> |

|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME OF SECOND INVENTOR:</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |
| Given Name<br>(first and middle [if any]) <b>Jeffery William</b>                                                                                                                                                                                                   | Family Name or Surname <b>Rogers</b>                                                                                                                                                                                                                                                                                                |
| Inventor's signature <i>Jeff W Rogers</i>                                                                                                                                                                                                                          | Date <b>Sept 12, 2013</b>                                                                                                                                                                                                                                                                                                           |
| Residence: <b>Plano, TX</b>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |
| Mailing Address: <b>3416 Wheatland Lane, Plano, TX 75025-3614</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                     |
| BEFORE ME, the undersigned authority, on this day personally appeared <i>Jeff W Rogers</i> known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. |                                                                                                                                                                                                                                                                                                                                     |
| Given under my hand and seal of office, this <i>12th</i> day of <i>Sept</i> , 2013                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                     |
| Notary Public<br>Signature <i>Jennifer M. Rae</i>                                                                                                                                                                                                                  | Notary Public<br>Printed Name: <i>Jennifer M. Rae</i>                                                                                                                                                                                                                                                                               |
| [seal]                                                                                                                                                                                                                                                             | [stamp]<br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>COMMONWEALTH OF PENNSYLVANIA</b><br/> Notarial Seal<br/> Jennifer M. Rae, Notary Public<br/> Indiana Twp., Allegheny County<br/> My Commission Expires Feb. 26, 2016<br/> <small>MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES</small> </div> |

|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>NAME OF THIRD INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |
| Given Name<br>(first and middle [if any]) <b>Martyn Stuart</b>                                                                                                                                                                                                                                                                                                                         | Family Name or Surname <b>Abbott</b>                                                          |
| Inventor's signature                                                                                                                                                                                                                                                                                  | Date: <b>8/19/13</b>                                                                          |
| Residence: <b>Dallas, TX</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| Mailing Address: <b>5734 Bent Creek Trail, Dallas, TX 75252-2638</b>                                                                                                                                                                                                                                                                                                                   |                                                                                               |
| <b>NOTARIZATION</b><br>BEFORE ME, the undersigned authority, on this day personally appeared <b>Martyn Abbott</b> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.<br>Given under my hand and seal of office, this <b>19th</b> day of <b>Aug</b> 20 <b>13</b> |                                                                                               |
| Notary Public<br>Signature:                                                                                                                                                                                                                                                                           | Notary Public<br>Printed Name: <b>Janice Wilson</b>                                           |
| [seal]                                                                                                                                                                                                                                                                                                                                                                                 | [stamp]<br> |

|                                                                                                                                                                                                                                                      |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>NAME OF FOURTH INVENTOR:</b>                                                                                                                                                                                                                      |                                        |
| Given Name<br>(first and middle [if any]) <b>David Charles</b>                                                                                                                                                                                       | Family Name or Surname <b>Cummings</b> |
| Inventor's signature <i>David Charles Cummings</i>                                                                                                                                                                                                   | Date <b>8-20-2013</b>                  |
| Residence: <b>Richardson, TX</b>                                                                                                                                                                                                                     |                                        |
| Mailing Address: <b>1305 Cherokee Drive, Richardson, TX 75080</b>                                                                                                                                                                                    |                                        |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                  |                                        |
| BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. |                                        |
| Given under my hand and seal of office, this _____ day of _____, 20____.                                                                                                                                                                             |                                        |
| Notary Public<br>Signature                                                                                                                                                                                                                           | Notary Public<br>Printed Name:         |
| [seal]<br><b>SEE ATTACHED CERTIFICATE</b>                                                                                                                                                                                                            | [stamp]                                |

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

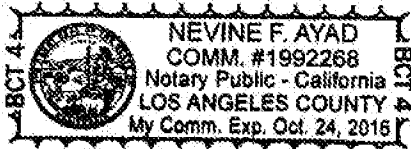
State of California

County of **Los Angeles**

On August 20, 2013 before me, **Nevine F. Ayad, Notary Public**

personally appeared David Charles Cummings

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Nevine F. Ayad

Place Notary Seal Above

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual
- ☐ Corporate Officer — Title(s): \_\_\_\_\_
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer's Name: \_\_\_\_\_

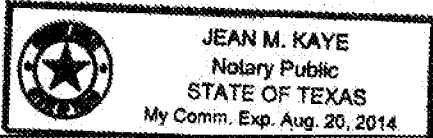
- ☐ Individual
- ☐ Corporate Officer — Title(s): \_\_\_\_\_
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: \_\_\_\_\_

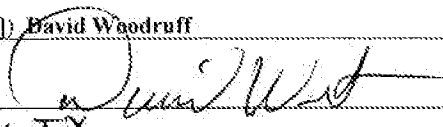
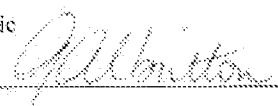
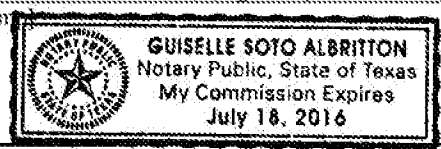
Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
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PATENT

REEL: 031907 FRAME: 0380

|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>NAME OF FIFTH INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| Given Name<br>(first and middle [if any]) <b>Daniel Joseph</b>                                                                                                                                                                                                                                                                                                                                           | Family Name or Surname <b>Kneip</b>                                                           |
| Inventor's signature <i>Daniel Joseph Kneip</i>                                                                                                                                                                                                                                                                                                                                                          | Date <b>9-13-2013</b>                                                                         |
| Residence: <b>Anna, TX</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |
| Mailing Address: <b>11052 Sheffield Drive, Anna, TX 75409</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                               |
| <b>NOTARIZATION</b><br>BEFORE ME, the undersigned authority, on this day personally appeared <b>DANIEL KNEIP</b> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.<br>Given under my hand and seal of office, this <b>13<sup>th</sup></b> day of <b>SEPTEMBER</b> , 20 <b>13</b> |                                                                                               |
| Notary Public<br>Signature <i>Jean M. Kaye</i>                                                                                                                                                                                                                                                                                                                                                           | Notary Public<br>Printed Name: <b>Jean M KAYE</b>                                             |
| [seal]                                                                                                                                                                                                                                                                                                                                                                                                   | [stamp]<br> |

|                                                                                                                                                                                                                                                      |                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>NAME OF SIXTH INVENTOR:</b>                                                                                                                                                                                                                       |                                                                                            |
| Given Name<br>(first and middle [if any]) <b>David Woodruff</b>                                                                                                                                                                                      | Family Name or Surname <b>West</b>                                                         |
| Inventor's signature                                                                                                                                                | Date <b>11/22/13</b>                                                                       |
| Residence: <b>McKinney, TX 203 N. Morris St</b>                                                                                                                                                                                                      |                                                                                            |
| Mailing Address: <b>11736 Abston Lane, Dallas, TX 75218-1505 McKinney TX 75069</b>                                                                                                                                                                   |                                                                                            |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                  |                                                                                            |
| BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. |                                                                                            |
| Given under my hand and seal of office, this _____ day of _____, 20____.                                                                                                                                                                             |                                                                                            |
| Notary Public<br>Signature                                                                                                                                          | Notary Public<br>Printed Name: <b>Guiselle Albritton</b>                                   |
| [seal]                                                                                                                                                                                                                                               | [stamp]  |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>NAME OF SEVENTH INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                               |                                     |
| Given Name<br>(first and middle [if any]) <b>Chad Nicholas</b>                                                                                                                                                                                                                                                                                                                 | Family Name or Surname <b>Grant</b> |
| Inventor's signature <i>Chad Grant</i>                                                                                                                                                                                                                                                                                                                                         | Date <b>8/29/13</b>                 |
| Residence: <b>Escondido, CA</b>                                                                                                                                                                                                                                                                                                                                                |                                     |
| Mailing Address: <b>1367 West Via Rancho Parkway, Escondido, CA 92029</b>                                                                                                                                                                                                                                                                                                      |                                     |
| <b>NOTARIZATION</b> <i>See attached</i><br>BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is<br>subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.<br>Given under my hand and seal of office, this _____ day of _____, 20____. |                                     |
| Notary Public<br>Signature                                                                                                                                                                                                                                                                                                                                                     | Notary Public<br>Printed Name:      |
| [seal]                                                                                                                                                                                                                                                                                                                                                                         | [stamp]                             |

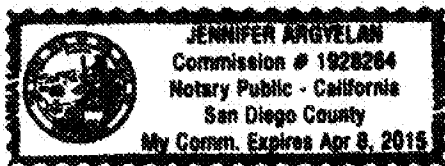
# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Diego

On 8/29/13 before me, Jennifer Arguelan, Notary Public

personally appeared Chad Nicholas Grant



Printed Name of Notary Public

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Printed Name of Notary Public

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on this document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document:

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

### Capacity(ies) Claimed by Signer(s)

Signer's Name:

- ☐ Individual
- ☐ Corporate Officer — Title(s):
- ☐ Partner — Limited — General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other:

Signer Is Representing:

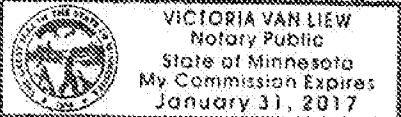
| RIGHT TO REMOVE PRINTS OF SIGNER |
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| Log of the state bar             |

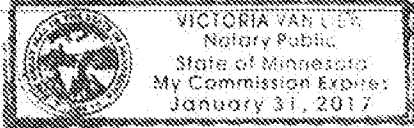
Signer's Name:

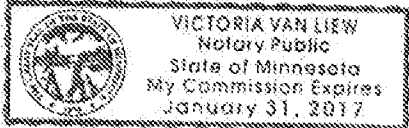
- ☐ Individual
- ☐ Corporate Officer — Title(s):
- ☐ Partner — Limited — General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other:

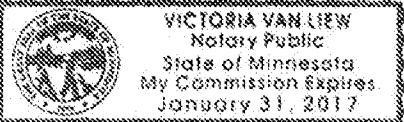
Signer Is Representing:

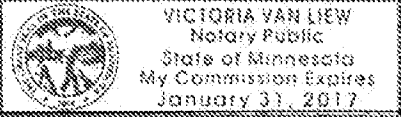
| RIGHT TO REMOVE PRINTS OF SIGNER |
|----------------------------------|
| Log of the state bar             |

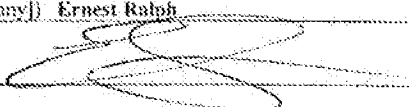
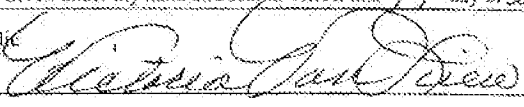
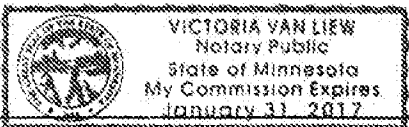
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| <b>NAME OF EIGHTH INVENTOR:</b>                                                                                                                                                                                                                                                                                               |                                                  |
| Given Name<br>(first and middle [if any]) Eric Joel                                                                                                                                                                                                                                                                           | Family Name or Surname Thor                      |
| Inventor's signature <i>Eric Joel Thor</i>                                                                                                                                                                                                                                                                                    | Date 9/25/2013                                   |
| Residence: Arden Hills, MN                                                                                                                                                                                                                                                                                                    |                                                  |
| Mailing Address: 1707 Glenview Avenue, Arden Hills, MN 55112                                                                                                                                                                                                                                                                  |                                                  |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                                                                                           |                                                  |
| BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this _____ day of _____, 20____. |                                                  |
| Notary Public<br>Signature <i>Victoria Van Liew</i>                                                                                                                                                                                                                                                                           | Notary Public<br>Printed Name: VICTORIA VAN LIEW |
| [seal]<br>                                                                                                                                                                                                                                   | [stamp]                                          |

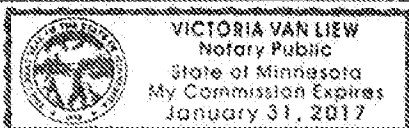
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| <b>NAME OF NINTH INVENTOR:</b>                                                                                                                                                                                                                                                                                                                   |                                                        |
| Given Name<br>(first and middle [if any]) <b>Michael John</b>                                                                                                                                                                                                                                                                                    | Family Name or Surname <b>Bonnette</b>                 |
| Inventor's signature <i>Michael Bonnette</i>                                                                                                                                                                                                                                                                                                     | Date <b>9-17-13</b>                                    |
| Residence: <b>Minneapolis, MN</b>                                                                                                                                                                                                                                                                                                                |                                                        |
| Mailing Address: <b>2733 2<sup>nd</sup> Avenue South, MN 55408</b>                                                                                                                                                                                                                                                                               |                                                        |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                                                                                                              |                                                        |
| BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <b>17</b> day of <b>SEPTEMBER</b> 20 <b>13</b> |                                                        |
| Notary Public<br>Signature <i>Victoria VanLieu</i>                                                                                                                                                                                                                                                                                               | Notary Public<br>Printed Name: <i>Victoria VanLieu</i> |
| [seal]<br>                                                                                                                                                                                                                                                      | [stamp]                                                |

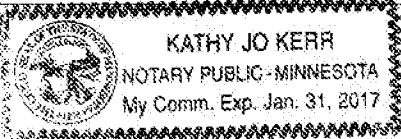
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>NAME OF TENTH INVENTOR:</b>                                                                                                                                                                                                                                                                                                                       |                                                        |
| Given Name<br>(first and middle [if any]) <i>Nicole Jave</i>                                                                                                                                                                                                                                                                                         | Family Name or Surname <i>Aasen</i>                    |
| Inventor's signature <i>Nicole Aasen</i>                                                                                                                                                                                                                                                                                                             | Date <i>17 Sept 13</i>                                 |
| Residence: <i>Brooklyn Park, MN</i>                                                                                                                                                                                                                                                                                                                  |                                                        |
| Mailing Address: <i>10000 Toledo Drive N., Brooklyn Park, MN 55443</i>                                                                                                                                                                                                                                                                               |                                                        |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                                                                                                                  |                                                        |
| BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <i>17</i> day of <i>SEPTEMBER</i> , 20 <i>13</i> . |                                                        |
| Notary Public<br>Signature <i>Victoria Van Liew</i>                                                                                                                                                                                                                                                                                                  | Notary Public<br>Printed Name: <i>VICTORIA VANLIEW</i> |
| [seal]<br>                                                                                                                                                                                                                                                          | [stamp]                                                |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| NAME OF ELEVENTH INVENTOR:                                                                                                                                                                                                                                                                                                                                                  |                                                        |
| Given Name<br>(first and middle [if any]) <u>Douglas James</u>                                                                                                                                                                                                                                                                                                              | Family Name or Surname <u>Ball</u>                     |
| Inventor's signature <u>Douglas James Ball</u>                                                                                                                                                                                                                                                                                                                              | Date <u>9/18/13</u>                                    |
| Residence: <u>Blaine, MN</u>                                                                                                                                                                                                                                                                                                                                                |                                                        |
| Mailing Address: <u>523 98th Avenue NE, Blaine, MN 55434</u>                                                                                                                                                                                                                                                                                                                |                                                        |
| <b>NOTARIZATION</b><br>BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <u>18</u> day of <u>SEPTEMBER</u> , 20 <u>13</u> . |                                                        |
| Notary Public<br>Signature <u>Victoria VanLieu</u>                                                                                                                                                                                                                                                                                                                          | Notary Public<br>Printed Name: <u>VICTORIA VANLIEU</u> |
| [seal]<br>                                                                                                                                                                                                                                                                                 | [stamp]                                                |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>NAME OF TWELFTH INVENTOR:</b>                                                                                                                                                                                                                                                                                                                   |                                                         |
| Given Name<br>(first and middle [if any]) <b>James Fredrick</b>                                                                                                                                                                                                                                                                                    | Family Name or Surname <b>Karpinski</b>                 |
| Inventor's signature <i>James Fredrick Karpinski</i>                                                                                                                                                                                                                                                                                               | Date <b>9/20/2013</b>                                   |
| Residence: <b>Blaine, MN</b>                                                                                                                                                                                                                                                                                                                       |                                                         |
| Mailing Address: <b>455 121<sup>st</sup> Street, Blaine, MN 55434</b>                                                                                                                                                                                                                                                                              |                                                         |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                                                                                                                |                                                         |
| BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <b>20</b> day of <b>SEPTEMBER</b> , 20 <b>13</b> |                                                         |
| Notary Public<br>Signature <i>Victoria Van Liew</i>                                                                                                                                                                                                                                                                                                | Notary Public<br>Printed Name: <b>VICTORIA VAN LIEW</b> |
| [seal]<br>                                                                                                                                                                                                                                                        | [stamp]                                                 |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>NAME OF THIRTEENTH INVENTOR:</b>                                                                                                                                                                                                                                                                                          |                                                  |
| Given Name<br>(first and middle [if any]) Ernest Ralph                                                                                                                                                                                                                                                                       | Family Name or Surname Scherger                  |
| Inventor's signature                                                                                                                                                                                                                        | Date 19 Sept 2013                                |
| Residence: Andover, MN                                                                                                                                                                                                                                                                                                       |                                                  |
| Mailing Address: 16231 Valley Drive NW, Andover, MN 55304                                                                                                                                                                                                                                                                    |                                                  |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                                                                                          |                                                  |
| BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this 19 day of SEPTEMBER, 2013. |                                                  |
| Notary Public<br>Signature                                                                                                                                                                                                                  | Notary Public<br>Printed Name: VICTORIA VAN LIEW |
| [seal]<br>                                                                                                                                                                                                                                  | [stamp]                                          |

|                                                                                                                                                                                                                                                                                                                                                      |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>NAME OF FOURTEENTH INVENTOR:</b>                                                                                                                                                                                                                                                                                                                  |                                                        |
| Given Name<br>(first and middle (if any)) <u>John Lloyd</u>                                                                                                                                                                                                                                                                                          | Family Name or Surname <u>Teschendorf</u>              |
| Inventor's signature <u>John Lloyd Teschendorf</u>                                                                                                                                                                                                                                                                                                   | Date <u>9/23/13</u>                                    |
| Residence: <u>Lino Lakes, MN</u>                                                                                                                                                                                                                                                                                                                     |                                                        |
| Mailing Address: <u>6208 Hollow Lane, Lino Lakes, MN 55014</u>                                                                                                                                                                                                                                                                                       |                                                        |
| <b>NOTARIZATION</b>                                                                                                                                                                                                                                                                                                                                  |                                                        |
| BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <u>23</u> day of <u>SEPTEMBER</u> , 20 <u>13</u> . |                                                        |
| Notary Public<br>Signature <u>Victoria Van Liew</u>                                                                                                                                                                                                                                                                                                  | Notary Public<br>Printed Name: <u>VICTORIA VANLIEW</u> |
| [seal]<br>                                                                                                                                                                                                                                                          | [stamp]                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>NAME OF FIFTEENTH INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |
| Given Name<br>(first and middle [if any]) <b>Stephen Earl</b>                                                                                                                                                                                                                                                                                                                                   | Family Name or Surname <b>Weisel</b>                                                          |
| Inventor's signature <i>Steph E Weisel</i>                                                                                                                                                                                                                                                                                                                                                      | Date <b>10-8-2013</b>                                                                         |
| Residence: <b>Brook Park, Montrose, MN</b>                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |
| Mailing Address: <del>130 Center Avenue North, Montrose, MN 55636</del> <b>2703 Duck View Cir. Brook Park, Minn</b>                                                                                                                                                                                                                                                                             |                                                                                               |
| <b>NOTARIZATION</b><br>BEFORE ME, the undersigned authority, on this day personally appeared <u>Stephen E Weisel</u> , known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office, this <u>8<sup>th</sup></u> day of <u>October</u> , 2013. |                                                                                               |
| Notary Public<br>Signature: <i>Kathy Jo Kerr</i>                                                                                                                                                                                                                                                                                                                                                | Notary Public<br>Printed Name: <b>Kathy Jo Kerr</b>                                           |
| (seal)                                                                                                                                                                                                                                                                                                                                                                                          | (stamp)<br> |