

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT2690704

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ALLIED MANUFACTURERS, A DBA OF ALL MANUFACTURERS, INC.	01/20/2014
RECEIVING PARTY DATA	
Name:	MOTIONOLOGY, INC.
Street Address:	2900 PALISADES DRIVE
City:	CORONA
State/Country:	CALIFORNIA
Postal Code:	92880
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	6039069
CORRESPONDENCE DATA	
Fax Number:	(626)584-6862
Phone:	626-584-0396
Email:	jmueth@josephemueth.com
<i>Correspondence will be sent via US Mail when the email attempt is unsuccessful.</i>	
Correspondent Name:	JOSEPH E. MUETH
Address Line 1:	100 CORSON STREET, SUITE 300
Address Line 2:	JOSEPH E. MUETH LAW CORPORATION
Address Line 4:	PASADENA, CALIFORNIA 91103
ATTORNEY DOCKET NUMBER:	292-101
NAME OF SUBMITTER:	JOSEPH E. MUETH
Signature:	/josephemueth/
Date:	01/21/2014

Total Attachments: 4

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ASSIGNMENT AGREEMENT  
BY AND AMONG  
ALL MANUFACTURERS, INC., d.b.a. ALLIED MANUFACTURERS  
AND  
MOTIONOLOGY, INC.

Whereas Allied Manufacturers, a d.b.a. of All Manufacturers, Inc., a California corporation, having its principal place of business at 2900 Palisades Drive, Corona, California 92880 (hereinafter "Allied"), is the owner of all right, title and interest in United States Patent No. 6,039,069 (hereinafter "the Patent").

Whereas, Motionology, Inc. a California corporation having its principal place of business at 2900 Palisades Drive, Corona, California 92880, (hereinafter "Motionology") wishes to acquire all right, title and interest in the Patent.

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Accordingly, Allied hereby assigns to Motionology all right, title and interest in and to the Patent including all rights to sue and recover for past infringement of the Patent and to retain all damages for such infringement.

In witness whereof, the parties have executed this Agreement as of the day and year below.

ALL MANUFACTURERS, INC., d.b.a. ALLIED MANUFACTURERS

  
Jon Ronald Gerwin  
President

Date: 1-20-14

MOTIONOLOGY, INC.

  
J. Ron Gerwin  
President

Date: 1-20-14

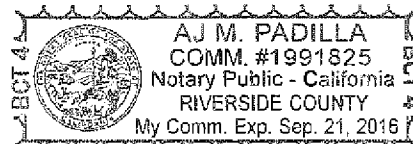
State of CALIFORNIA )  
County of RIVERSIDE ) ss.

On this 20 day of JANUARY, 2014, before me  
AJM PADILLA, NOTARY PUBLIC APPEARED JON RONALD GERWIN  
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 certified 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 of Notary Public



Notary Public Seal

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of RIVERSIDE

On JAN. 20. 2014 before me, AJM PADILLA, Notary Public  
(Here insert name and title of the officer)

personally appeared JOHN RONALD GERWIN

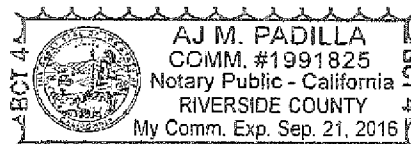
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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]  
Signature of Notary Public

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

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

(Additional information)

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, ~~is/are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document