

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT2801560

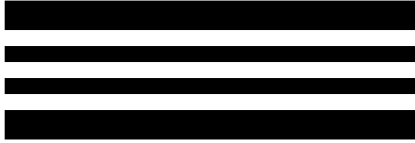
SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	SECURITY AGREEMENT
CONVEYING PARTY DATA	
Name	Execution Date
SAFETY INNOVATIONS LLC	04/04/2014
RECEIVING PARTY DATA	
Name:	FORTRESS CREDIT CO LLC
Street Address:	1345 AVENUE OF THE AMERICAS
Internal Address:	46TH FLOOR
City:	NEW YORK
State/Country:	NEW YORK
Postal Code:	10105
PROPERTY NUMBERS Total: 6	
Property Type	Number
Patent Number:	6776341
Patent Number:	6799725
Patent Number:	7370797
Patent Number:	5992742
Patent Number:	7059526
Patent Number:	6476718
CORRESPONDENCE DATA	
Fax Number:	(206)359-7198
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	206-359-8000
Email:	assignmentconfirmations@perkinscoie.com
Correspondent Name:	PERKINS COIE LLP
Address Line 1:	P.O. BOX 1247
Address Line 2:	PATENT-SEA
Address Line 4:	SEATTLE, WASHINGTON 98111-1247
ATTORNEY DOCKET NUMBER:	081300.0019
NAME OF SUBMITTER:	JACKIE CONKEY
SIGNATURE:	/JackieConkey/
DATE SIGNED:	04/04/2014

PATENT

Total Attachments: 2

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
SAFETY INNOVATIONS LLC

R 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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1c. MAILING ADDRESS 4601 Willard Avenue		CITY Chevy Chase	STATE MD	POSTAL CODE 20814	COUNTRY USA
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1d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION Texas	1g. ORGANIZATIONAL ID #, if any 32043240178 <input type="checkbox"/> NONE
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2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

R 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
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2d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
FORTRESS CREDIT CO LLC

R 4b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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3c. MAILING ADDRESS 1345 Avenue of the Americas, 46th Floor		CITY New York	STATE NY	POSTAL CODE 10105	COUNTRY USA
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4. This FINANCING STATEMENT covers the following collateral:

All personal property, OF ANY KIND OR NATURE, WHEREVER LOCATED, now owned or hereafter acquired by Debtor, including, without limitation, the patents and patent applications set forth on Exhibit A (the "Patents") and (b) all patents and patent applications (i) to which any of the Patents directly or indirectly claims priority, and (i) for which any of the Patents directly or indirectly forms a basis for priority; (ii) all reissues, reexaminations, extensions, continuations, continuations in part, continuing prosecution applications, requests for continuing examinations, divisions, registrations of any of the Patents; (c) all foreign patents, patent applications, and counterparts relating to any item in any of the foregoing categories (a) and (b), including, without limitation, certificates of invention, utility models, industrial design protection, design patent protection, and other governmental grants or issuances; and (d) all causes of action (whether known or unknown or whether currently pending, filed, or otherwise) and other enforcement rights under, or on account of, any of the Patents or any item in any of the foregoing categories (b) and (c), including, without limitation, all causes of action and other enforcement rights for (x) damages; (y) injunctive relief, and (z) any other remedies of any kind for past, current, and future infringement.

5. ALTERNATIVE DESIGNATION [if applicable]: <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING	
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] _____ [optional] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA 81300-0019	

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Exhibit A

Patents

Patent/Patent Application Number	Title	Filing Date
6776341	Pill Printing And Identification	Nov. 3, 1999
6799725	Micro Barcoded Pill And Identification/Medical Information Retrieval System	Aug. 5, 1994
7370797	Pill Printing And Identification	July 21, 2004
5992742	Pill Printing And Identification	May 30, 1997
7059526	Pill Printing And Identification	Sep. 11, 2003
US 6,476,718 B1	Traceable Luggage Bag and System	June 12, 2000