PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT2855273

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	LIEN

CONVEYING PARTY DATA

Name	Execution Date
WATTERS AND LOCKMAN, LLC	05/07/2014

RECEIVING PARTY DATA

Name:	WINTHROP & WEINSTINE, P.A.
Street Address:	225 SOUTH SIXTH STREET, SUITE 3500
City:	MINNEAPOLIS
State/Country:	MINNESOTA
Postal Code:	55402

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	8656549

CORRESPONDENCE DATA

Fax Number:

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.

Phone: 612-604-6400
Email: patent@winthrop.com
Correspondent Name: WINTHROP & WEINSTINE, P.A.
Address Line 1: CAPELLA TOWER, SUITE 3500
Address Line 2: 225 S 6TH STREET
Address Line 4: MINNEAPOLIS, MINNESOTA 55402

ATTORNEY DOCKET NUMBER:	15219.2
NAME OF SUBMITTER:	BRETT A. KLEIN
SIGNATURE:	/Brett A. Klein/
DATE SIGNED:	05/14/2014

Total Attachments: 12
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201549 UC1N $20.00 DJC 1 5/7/14

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Capitol Lien Records & Research, Inc.
1010 NORTH DALE STREET
ST. PAUL, MN 55117
651-488-0100
FILINGS @CAPITOLLIEN.COM

C-4

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	1a. ORGANIZATION'S NAME: Watters and Lockman, LLC				
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS: 632 5th Ave SW		CITY: Faribault	STATE: MN	POSTAL CODE: 55021	COUNTRY: USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	2a. ORGANIZATION'S NAME				
	2b. INDIVIDUAL'S SURNAME: Watters	FIRST PERSONAL NAME: Ron	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS: 1416 N. Ohio		CITY: Mason City	STATE: IA	POSTAL CODE: 50401	COUNTRY: USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME: Winthrop & Weinstine, P.A.				
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS: 225 South Sixth Street, Suite 3500		CITY: Minneapolis	STATE: MN	POSTAL CODE: 55402	COUNTRY: USA

4. COLLATERAL: This financing statement covers the following collateral:

As described in Exhibit A attached hereto.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:	6b. Check only one if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility	☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

MN and IA SOS (15219.2)

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME: Watters and Lockman, LLC

OR

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Lockman	William		

19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
632 5th Ave SW	Faribault	MN	55021	USA

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. MISCELLANEOUS

Exhibit A
(Attorney Lien)

(Top 3 inches reserved for recording data)

ATTORNEY LIEN
Minn. State 481.13

Minnesota Uniform Conveyancing Blanks
Form 40.1.3 (2011)

DATE: May 7, 2014
(month/day/year)

NOTICE IS HEREBY GIVEN, pursuant to Minn. Stat. 481.13, that the undersigned, Winthrop & Weinstine, P.A., (the **"Lien Claimant"**), hereby claims and intends to hold a lien for compensation for legal services in the amount of twelve-thousand one-hundred-and-eighty-nine dollars and sixty-seven cents ($ 12,189.67) upon the interest of Watters and Lockman, LLC , (the **"Client"**) in that certain personal property described as follows:

All rights, title, and interest in any way related to U.S. Patent No. 8,656,549 including, but not limited to, any licensing, sale, or royalty proceeds generated therefrom.

Check here if all or part of the described real property is Registered (Torrens) ☐

Lien Claimant

Paul Rothennott

(signature of Lien Claimant)

WINTHROP & WEINSTINE, P.A.
225 South Sixth Street, Suite 3500
Minneapolis, Minnesota 55402

State of Minnesota, County of Hennepin

This instrument was acknowledged before me on 5/7/2014 (month/day/year), by Paul Robbennolt

Winthrop & Weinstine, P.A.
(insert name of Lien Claimant)

(Stamp)

TRACY J KIMMEL
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES 1/31/2015

(signature of notarial officer)

Title (and Rank): Notary Public

My commission expires: 1/31/2015 (month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:

WINTHROP & WEINSTINE, P.A.
225 South Sixth Street, Suite 3500
Minneapolis, Minnesota 55402

9047465v1

Doc No **A10076549**

Certified, filed and/or recorded on
May 8, 2014 10:06 AM
Office of the County Recorder
Hennepin County, Minnesota
Martin McMormick, County Recorder
Mark Chapin, County Auditor and Treasurer

Deputy 78 Pkg ID 1107950C

Doc Name: Attorney's Lien

Document Recording Fee	$46.00
Attested Copy or Duplicate Original	$2.00
Document Total	$48.00

This cover sheet is now a permanent part of the recorded document.

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ATTORNEY LIEN
Minn. State 481.13

Minnesota Uniform Conveyancing Blanks
Form 40.1.3 (2011)

DATE: May 7, 2014
(month/day/year)

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Check here if all or part of the described real property is Registered (Torrens) ☐

Lien Claimant

Paul Rothenrolt

(signature of Lien Claimant)

WINTHROP & WEINSTINE, P.A.
225 South Sixth Street, Suite 3500
Minneapolis, Minnesota 55402

State of Minnesota, County of Hennepin

This instrument was acknowledged before me on 5/7/2014 (month/day/year), by Paul Robbennolt

Winthrop + Weinstine, P.A.
(insert name of Lien Claimant)

(Stamp)

TRACY J KIMMEL
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES 1/31/2015

(signature of notarial officer)

Title (and Rank): Notary Public

My commission expires: 1/31/2015 *(month/day/year)*

THIS INSTRUMENT WAS DRAFTED BY:

WINTHROP & WEINSTINE, P.A.
225 South Sixth Street, Suite 3500
Minneapolis, Minnesota 55402

9047465v1

Minnesota Central Filing System

UCC Filing Acknowledgement

May 7, 2014
Page 1 of 1

c/o CAPITOL LIEN RECORDS & RESEARCH INC
1010 N DALE STREET
SAINT PAUL MN 55117

The Minnesota Central Filing System has received and filed your document. The information below reflects the data that was indexed in our system. Please review the information for accuracy. If you find a potential error, please notify the appropriate filing office.

Client Account Number: 35202830
Batch Number: 7597261
Filing Type: UCC Financing Stmt
Original Filing Number: 201436506587
Filed Date: 05/07/2014 **Filed Time:** 10:23 a.m.
Lapse Date: 5/7/2019

Party Type	Party Name and Address
Debtor	**WATTERS AND LOCKMAN LLC** **FARIBAULT MN**
Debtor	**WATTERS RON** **MASON CITY IA**
Debtor	**LOCKMAN WILLIAM** **FARIBAULT MN**
Secured Party	**WINTHROP & WEINSTINE PA** **MINNEAPOLIS MN**

Filing by the Minnesota Central Filing System is not conclusive proof that all conditions for securing priority have been met. Ensuring that accurate information is on the document to be filed is the responsibility of the filing party. If the filing is challenged, the filing office does not guarantee that the filing is legally sufficient to secure priority under UCC Article 9 and expressly disclaims any liability for failure of the filing party to secure priority resulting from the information contained in the filed document, or the lack of information on the filed document.

User ID: neljur32
County ID: 32

[redacted]

Filing NO: 201436506587
Filing Date: 2014/05/07
Filing Time: 10:23 AM
State of Minnesota
Processing Office: Jackson
Filed by: neljur32

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Capitol Lien Records & Research, Inc.
1010 NORTH DALE STREET
ST. PAUL, MN 55117
651-488-0100
FILINGS @CAPITOLLIEN.COM

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME: Walters and Lockman, LLC					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
1c. MAILING ADDRESS: 632 5th Ave SW	CITY: Faribault	STATE: MN	POSTAL CODE: 55021	COUNTRY: USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME: Walters	FIRST PERSONAL NAME: Ron	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
2c. MAILING ADDRESS: 1416 N. Ohio	CITY: Mason City	STATE: IA	POSTAL CODE: 50401	COUNTRY: USA	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME: Winthrop & Weinstine, P.A.					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
3c. MAILING ADDRESS: 225 South Sixth Street, Suite 3500	CITY: Minneapolis	STATE: MN	POSTAL CODE: 55402	COUNTRY: USA	

4. COLLATERAL: This financing statement covers the following collateral:

As described in Exhibit A attached hereto.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box	6b. Check only one if applicable and check only one box
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility	☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA
MN and IA SOS (15219.2)

International Association of Commercial Administrators (IAC/

FILING OFFICE COPY – UCC FINANCING STATEMENT (FORM UCC1) (REV. 04/20/11)

Filing NO: 201436506587

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME: Watters and Lockman, LLC

OR

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Lockman	William		

19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
632 5th Ave SW	Faribault	MN	55021	USA

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. MISCELLANEOUS

Filing NO: 201436506587

Exhibit A
(Attorney Lien)

(Top 3 inches reserved for recording data)

ATTORNEY LIEN
Minn. State 481.13

Minnesota Uniform Conveyancing Blanks
Form 40.1.3 (2011)

DATE: May 7, 2014
(month/day/year)

NOTICE IS HEREBY GIVEN, pursuant to Minn. Stat. 481.13, that the undersigned, Winthrop & Weinstine, P.A., (the "**Lien Claimant**"), hereby claims and intends to hold a lien for compensation for legal services in the amount of twelve-thousand one-hundred-and-eighty-nine dollars and sixty-seven cents ($ 12,189.67) upon the interest of Watters and Lockman, LLC, (the "**Client**") in that certain personal property described as follows:

All rights, title, and interest in any way related to U.S. Patent No. 8,656,549 including, but not limited to, any licensing, sale, or royalty proceeds generated therefrom.

Check here if all or part of the described real property is Registered (Torrens) ☐

Lien Claimant

Paul Robbennolt

(signature of Lien Claimant)

WINTHROP & WEINSTINE, P.A.
225 South Sixth Street, Suite 3500
Minneapolis, Minnesota 55402

State of Minnesota, County of Hennepin

This instrument was acknowledged before me on 5/7/2014 (month/day/year), by Paul Robbennolt

Winthrop & Weinstine, P.A.
(insert name of Lien Claimant)

(Stamp)

TRACY J KIMMEL
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES 1/31/2015

(signature of notarial officer)

Title (and Rank): Notary Public

My commission expires: 1/31/2015 (month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:

WINTHROP & WEINSTINE, P.A.
225 South Sixth Street, Suite 3500
Minneapolis, Minnesota 55402

9047465v1