

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT2858727

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
MUHAMMAD ARSHAD KHAN	05/15/2014
STEPHEN G. RYBICKI	05/15/2014
JOEL GOULD	05/15/2014
RECEIVING PARTY DATA	
Name:	AB INITIO SOFTWARE LLC
Street Address:	201 SPRING STREET
City:	LEXINGTON
State/Country:	MASSACHUSETTS
Postal Code:	02421
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14279615
CORRESPONDENCE DATA	
Fax Number:	(617)500-2499
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	6175002500
Email:	info@orpatent.com
Correspondent Name:	OCCHIUTI & ROHLICEK LLP
Address Line 1:	321 SUMMER STREET
Address Line 4:	BOSTON, MASSACHUSETTS 02210
ATTORNEY DOCKET NUMBER:	30040-A25001
NAME OF SUBMITTER:	CASSIE A. ZALESKI
SIGNATURE:	/Cassie A. Zaleski/
DATE SIGNED:	05/16/2014
Total Attachments: 2	
source=A25001 Inv Assignment#page1.tif	
source=A25001 Inv Assignment#page2.tif	


Date: 5.15.14

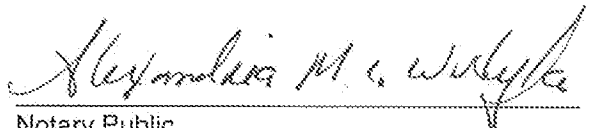

Stephen G. Rybicki

STATE OF Massachusetts)
COUNTY OF Middlesex) SS.

On MAY 15, 2014, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared **Stephen G. Rybicki** personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

 ALEXANDRIA M.L. WUDYKA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 29, 2020


Notary Public


Date: 5.15.14

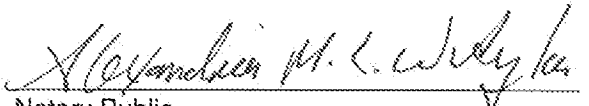

Joel Gould

STATE OF Massachusetts)
COUNTY OF Middlesex) SS.

On MAY 15 2014, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared **Joel Gould** personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

 ALEXANDRIA M.L. WUDYKA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 29, 2020


Notary Public