

Form PTO-1595 (Rev. 06-12)  
OMB No. 0651-0027 (exp. 04/30/2015)

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

### RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

#### 1. Name of conveying party(ies)

Marshall S. Kriesel

Additional name(s) of conveying party(ies) attached?  Yes  No

#### 2. Name and address of receiving party(ies)

Name: Marshall S. Kriesel Revocable Trust

Internal Address: \_\_\_\_\_

Street Address: 80 N. Mississippi River Blvd.

City: St. Paul

State: MN

Country: USA Zip: 55104

Additional name(s) & address(es) attached?  Yes  No

#### 3. Nature of conveyance/Execution Date(s):

Execution Date(s) January 16, 2014

- Assignment  Merger
- Security Agreement  Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other \_\_\_\_\_

#### 4. Application or patent number(s):

This document serves as an Oath/Declaration (37 CFR 1.63).

A. Patent Application No.(s)

B. Patent No.(s)

8,672,885

Additional numbers attached?  Yes  No

#### 5. Name and address to whom correspondence concerning document should be mailed:

Name: James E. Brunton, Esq.

Internal Address: \_\_\_\_\_

Street Address: P.O. Box 1990

City: Fallbrook

State: CA Zip: 92088

Phone Number: (818) 956-7154

Docket Number: \_\_\_\_\_

Email Address: jbrunton1@aol.com

#### 6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40

- Authorized to be charged to deposit account
- Enclosed
- None required (government interest not affecting title)

#### 8. Payment Information

Deposit Account Number 10-0231

Authorized User Name JAMES E. BRUNTON

#### 9. Signature:

James E. Brunton

Name of Person Signing

Signature

July 7, 2014

Date

Total number of pages including cover sheet, attachments, and documents: 7

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

CH \$40.00 100231 8672885

## ASSIGNMENT

Valerie B. Kriesel, pursuant to the powers granted her by the Power of Attorney executed by Marshall S. Kriesel dated January 15, 2014, hereby assigns any and all interest of Marshall S. Kriesel in the United States Letters Patent No. 8,672,885 entitled "Fluid Dispensing Device" to the Marshall S. Kriesel Revocable Trust dated December 20, 2005.

WHEREAS, Marshall S. Kriesel of the city of St. Paul, state of Minnesota and Joshua W. Kriesel of the city of San Francisco, state of California have invented a new "Fluid Dispensing Device" for which they on November 3, 2010 executed application papers for United States Letters Patent thereon and for which on March 18, 2014 United States Letters Patent No. 8,672,885 was issued;

WHEREAS Marshall S. Kriesel and Joshua W. Kriesel are the owners of United States Letters Patent No. 8,672,885 entitled "Fluid Dispensing Device"; and;

WHEREAS, the Marshall S. Kriesel Revocable Trust dated December 20, 2005, is desirous of acquiring Marshall S. Kriesel's right, title and interest in and to the said invention and in and to said Letters Patent No. 8,672,885 issued therefore in the United States and throughout the world;

NOW THEREFORE, in consideration of the sum of One Dollar (\$1.00) to me in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, I, Valerie B. Kriesel, by these presents do pursuant to the powers granted to me hereby sell, assign, transfer and set over unto the said Marshall S. Kriesel Revocable Trust dated December 20, 2005, Marshall Kriesel's right, title and interest in and to the said invention, in the United States and throughout the world, and to the said Letters Patent No. 8,672,885 issued therefore.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name.

Attorney-In-Fact

Dated: January 16, 2014

By: Valerie B. Kriesel  
Valerie B. Kriesel

**STATUTORY SHORT FORM  
POWER OF ATTORNEY**

**MINNESOTA STATUTES, SECTION 523.23**

**IMPORTANT NOTICE:** Before completing and signing this form, the principal must read and initial the IMPORTANT NOTICE TO THE PRINCIPAL that appears after the signature lines in this form. Before acting on behalf of the principal, the attorney(s)-in-fact must sign this form, acknowledging having read and understood the IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT that appears after notice to the principal.

**PRINCIPAL**

(Name and Address of Person Granting the Power)

Marshall S. Kriesel  
80 North Mississippi Blvd.  
St. Paul, MN 55104

**ATTORNEY(S)-IN-FACT**

(Name and Address)

Valerie B. Kriesel  
80 North Mississippi Blvd.  
St. Paul, MN 55104

**SUCCESSOR ATTORNEY(S)-IN FACT**

To act if any named attorney-in-fact dies, resigns, or is otherwise unable to serve

(Name and Address)

**First Successor(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second Successor(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE:** If more than one attorney-in-fact is designated *to act at the same time*, make a check or "x" on the line in front of one of the following statements:

Each attorney-in-fact may independently exercise the powers granted.

All attorneys-in-fact must jointly exercise the powers granted.

**EXPIRATION DATE**

(Optional)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Use Specific Month Day Year Only)

I, **MARSHALL S. KRIESEL** (the above named Principal) do hereby appoint the above named Attorney(s)-in-Fact to act as my attorney(s)-in-fact to act:

**FIRST:** To act for me in any way that I could act with respect to the following matters, as each of them is defined in Minnesota Statutes, section 523.24:

(To grant to the attorney-in-fact any of the following powers, make a check or "x" on the line in front of each power being granted. You may, but need not, cross out each power not granted. Failure to make a check or "x" on the line in front of the power will have the effect of deleting the power unless the line in front of the power of (N) is checked or x-ed.)

Check or "x"

- (A) real property transactions;
- (B) tangible personal property transactions;
- (C) bond, share, and commodity transactions;
- (D) banking transactions;
- (E) business operating transactions;
- (F) insurance transactions;
- (G) beneficiary transactions;
- (H) gift transactions;
- (I) fiduciary transactions;
- (J) claims and litigation;
- (K) family maintenance;
- (L) benefits from military service;
- (M) records, reports, and statements;
- (N) all of the powers listed in (A) through (M) above and all other matters *other than health care decisions under a health care directive that complies with Minnesota Statutes, Chapter 145C.*

**SECOND:** (You must indicate below whether or not this power of attorney will be effective if you become incapacitated or incompetent. Make a check or "x" on the line in front of the statement that expresses your intent.)

- This power of attorney shall continue to be effective if I become incapacitated or incompetent.
- This power of attorney shall not be effective if I become incapacitated or incompetent.

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Marshall S. Kriesel-St. Pa 651-646-4960

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THIRD: My attorney(s)-in-fact MAY NOT make gifts to the attorney(s)-in-fact or anyone the attorney-in-fact is legally obligated to support, UNLESS I have checked or an "x" on the line in front of the second statement below and I have written in the name(s) of the attorney(s)-in-fact. The second option allows you to limit the gifting power to only the attorney(s)-in-fact you name in the statement. Minnesota Statue, section 523.24, subdivision 8, clause (2), limits the annual gift(s) made to my attorney(s)-in-fact, or to anyone the attorney(s)-in-fact are legally obligated to support, to an amount, in the aggregate, that does not exceed the federal annual gift tax exclusion amount in the year of the gift.

       I do not authorize any of my attorney(s)-in-fact to make gift to themselves or to anyone the attorney(s)-in-fact have a legal obligation to support.

  X   I authorize Valerie B. Kriesel as my attorney(s)-in-fact, to make gifts to themselves or to anyone the attorney(s)-in-fact have a legal obligation to support.

FOURTH: (You may indicate below whether or not the attorney-in-fact is required to make an accounting. Make a check or "x" on the line in front of the statement that expresses your intent.)

  X   My attorney-in-fact need not render an accounting unless I request it or the accounting is otherwise required by Minnesota Statutes, section 523.21.

       My attorney-in-fact must render {monthly}{quarterly}{annual} accountings to me or [NAME AND ADDRESS] during my lifetime, and a final accounting to the personal representative of my estate, if any is appointed, after my death.

In Witness Whereof I have hereunto signed my name this 15<sup>th</sup> day of January 2014.

*Marshall S. Kriesel*  
MARSHALL S. KRIESEL, Principal

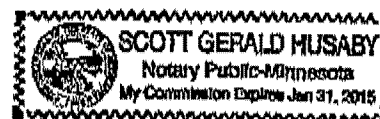
(Acknowledgement of Principal)

STATE OF MINNESOTA    )  
                                  ) ss.  
COUNTY OF RAMSEY    )

The foregoing instrument was acknowledged before me on 1/15, 2014 by **MARSHALL S. KRIESEL.**

Notary Stamp or Seal (or Other Title or Rank)

*Scott Gerald Husaby*  
Signature of Notary Public or Other Official



PATENT

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*Acknowledgment of notice to attorney(s)-in-fact and specimen signature of attorney(s)-in-fact*

*By signing below, I acknowledge that I have read and understand the IMPORTANT NOTICE TO ATTORNEY(S)-IN-FACT required by Minnesota Statutes, section 523.23, and understand and accept the scope of any limitations to the powers and duties delegated to me by this instruction.*

Specimen Signature of Valerie B. Kriesel  
Attorney(s)-in-Fact  
(Notarization not required)

*Valerie B. Kriesel*  
\_\_\_\_\_  
Valerie B. Kriesel

This Instrument Drafted by:  
MONROE MOXNESS BERG PA  
7760 France Avenue South, Suite 700  
Minneapolis, Minnesota 55435-5844  
Telephone: (952) 885-5999

Copy \_\_\_\_ of \_\_\_\_ Original Copies

**PATENT**

**RECORDED: 07/07/2014**

**REEL: 033301 FRAME: 0921**