#### 503017023 10/14/2014

### PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

EPAS ID: PAT3063624

| SUBMISSION TYPE:      | NEW ASSIGNMENT |
|-----------------------|----------------|
| NATURE OF CONVEYANCE: | ASSIGNMENT     |

#### **CONVEYING PARTY DATA**

| Name           | Execution Date |
|----------------|----------------|
| MY NHU NGUYEN  | 03/04/2014     |
| EMILIE BARRIAU | 02/28/2014     |
| JASON BRANDI   | 03/07/2014     |

#### **RECEIVING PARTY DATA**

| Name:           | HENKEL CORPORATION |
|-----------------|--------------------|
| Street Address: | ONE HENKEL WAY     |
| City:           | ROCKY HILL         |
| State/Country:  | CONNECTICUT        |
| Postal Code:    | 06067              |

### **PROPERTY NUMBERS Total: 1**

| Property Type       | Number   |
|---------------------|----------|
| Application Number: | 14267579 |

#### CORRESPONDENCE DATA

Fax Number: (860)571-5123

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

using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 860-571-5001

Email: wanda.prorok@us.henkel.com HENKEL CORPORATION **Correspondent Name:** 

Address Line 1: ONE HENKEL WAY

Address Line 4: **ROCKY HILL, CONNECTICUT 06067** 

| ATTORNEY DOCKET NUMBER: | LDEI-181         |
|-------------------------|------------------|
| NAME OF SUBMITTER:      | STEVEN C. BAUMAN |
| SIGNATURE:              | /stevencbauman/  |
| DATE SIGNED:            | 10/14/2014       |

#### **Total Attachments: 4**

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> **PATENT** REEL: 033942 FRAME: 0117 503017023

Attorney Docket: LDEI-181

## ASSIGNMENT

#### WHEREAS:

NAME(S) AND ADDRESS(ES) OF INVENTOR(S) My Nhu Nguyen 13015 Edina Way Poway, CA 92064

US

Citizenship: US

Emilie Barriau 11 White Cliff

Laguna Niguel, CA 92677

US

Citizenship: FR

Jason Brandi

25831 Prairiestone Drive Laguna Hills, CA 92653

US

Citizenship: US

(hereinafter referred to as ASSIGNOR), has/have invented a certain invention entitled:

#### TITLE OF INVENTION

## ELECTRONIC DEVICES ASSEMBLED WITH THERMALLY INSULATING LAYERS

for which International patent application no. PCT/US2012/064422 was filed on November 9, 2012 which claims priority to U.S. provisional patent application no. 61/559,989 filed on November 15, 2011; and

#### WHEREAS:

HENKEL CORPORATION

FULL NAME AND ADDRESS OF ASSIGNEE One Henkel Way

Rocky Hill, CT 06067

United States of America

(hereinafter referred to as ASSIGNEE), is desirous of acquiring the entire right, title and interest in, to and under said invention, and in, to and under a patent application or similar legal protection to be obtained therefor in the United States and in any and all foreign countries.

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN:

PATENT REEL: 033942 FRAME: 0118

### ASSIGNMENT

Attorney Docket: LDEI-181

Be it known that for and in consideration of the payment by ASSIGNEE to ASSIGNOR of good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR, to the extent he or she has not already done so, hereby sells, assigns and transfers to ASSIGNEE the full and exclusive right, title and interest in, to and under said invention and said patent application in the United States including all priority rights related thereto and any Letters Patent obtained therefrom, together with all continuation, divisional, renewal, substitute, reissue or other United States patent applications that have been or may be filed on said invention.

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment and sale; and

ASSIGNOR further covenants and agrees that upon the request of ASSIGNEE and with no further consideration but at the expense of ASSIGNEE, ASSIGNOR will: promptly provide to ASSIGNEE all facts and documents relating to said invention or said patent application that are known or accessible to ASSIGNOR; testify in any interference, litigation or other proceeding relating to said invention or said patent application; and promptly execute and deliver to ASSIGNEE any and all papers, instruments or affidavits which may be necessary or desirable to apply for, obtain, maintain, issue or enforce patent protection for said invention or to vest title to said invention in ASSIGNEE.

IN WITNESS WHEREOF, I have hereunto set hand and seal:

## ASSIGNMENT

Attorney Docket: LDEI-181

| this 4th day of March, 2014.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| My Nhu Nguyen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (Typed Name of the Inventor) Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| State of California )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ) 550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| County of Drawage )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| On this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| whose name appears above and acknowledged that he executed the same for the purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| contained in the instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Commission # 1919988 Notary Public - California Los Angeles County Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Los Angeles County  Nay Comm. Expires Jan 2, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Emilie Barriau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (Typed Name of the Inventor) Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| State of California)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Country of Orange ) ss:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| On this 5th day of March, 2014 before me, Kimberly Reitz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| the undersigned officer, personally appeared Emilie Barriau, known to me to be the person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| whose name appears above and acknowledged that she executed the same for the purposes contained in the instrument.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| KIMBERLY REITZ Commission # 1919988 Notary Public · California Los Angeles County My Comm. Expires Jan 2, 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| and the second s |

# ASSIGNMENT

Attorney Docket: LDEI-181

| this 7th day of Mu                                                           | sch ,2014.                               |
|------------------------------------------------------------------------------|------------------------------------------|
|                                                                              | $\cap \cap \cup$                         |
| Jason Brandi                                                                 |                                          |
| (Typed Name of the Inventor)                                                 | Signature                                |
| State of California )                                                        |                                          |
| County of Orange ) ss:                                                       |                                          |
| On this Th day of March, 2014                                                | before me, Kimberty Kuitz                |
| the undersigned officer, personally appeared Jason bra                       | nai, known to me to be the person whose  |
| name appears above and acknowledged that he executed                         | I the same for the purposes contained in |
| the instrument.  KIMBERLY REITZ  Commission # 1919998                        | ruh Ruta                                 |
| Notery Public - Celifornia  Los Angeles County  My Comm. Expires Jan 2, 2015 |                                          |