

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3109286

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
BENJAMIN A. HOTTEL	11/12/2014
ROBERTO M. PEREIRA	11/12/2014
PHILIP G. KOEHLER	11/12/2014
RECEIVING PARTY DATA	
Name:	UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.
Street Address:	223 GRINTER HALL
City:	GAINESVILLE
State/Country:	FLORIDA
Postal Code:	32611
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14542137
CORRESPONDENCE DATA	
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<i>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.</i>	
Phone:	321-633-5080
Email:	brianss.michele@vol.com
Correspondent Name:	LAW OFFICES OF BRIAN S STEINBERGER
Address Line 1:	101 BREVARD AVENUE
Address Line 4:	COCOA, FLORIDA 32922
ATTORNEY DOCKET NUMBER:	FLG-061
NAME OF SUBMITTER:	BRIAN S. STEINBERGER
SIGNATURE:	/Brian S. Steinberger/
DATE SIGNED:	11/14/2014
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 3	
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DECLARATION AND ASSIGNMENT

As a below-named inventor, I/we hereby declare that I/we believe I/we am/are the original inventor(s) or an original joint inventor of the subject matter which is claimed in the patent application for United States letters patent, entitled, "BED BUG STICKY TRAP WITH SPECIFIC TEXTURED SURFACE," (the "Invention") that

- was signed by me/us on attached (attached) and/or
 was filed on _____, Serial No. _____

(the "Application").

The Application was made or authorized to be made by me, and I/we have reviewed and understand its contents, including the claims.

I/we hereby acknowledge the duty to disclose information that is material to patentability of the Invention in accordance with Title 37, Code of Federal Regulations, § 1.56.

I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years or both.

By virtue of my/our employment, appointment, or affiliation with the University of Florida (the "University") and pursuant to the University Intellectual Property Policy and my Intellectual Property Agreement with the University, I/we have assigned all my/our rights in the Invention to the University or its assignee or designee. I/we hereby acknowledge that the University has designated the University of Florida Research Foundation, Incorporated (the "Foundation") to be the assignee of its entire right, title, and interest in the Invention.

THEREFORE, for valuable consideration, the sufficiency and receipt of which I/we hereby acknowledge, I/we confirm and ratify the sale, assignment, and transfer to the Foundation, its successors and assigns, all my/our rights in the Invention, the Application, and all other patent applications and patents for the Invention which may be applied for or granted, including, all divisional, continuing, substitute, renewal, reissue, reexamination, counterpart, substitute, extension, and all other applications for letters patent which are or have been filed for the Invention in the United States, its territorial possessions, and all foreign countries and in all patents and extensions which may be granted for the Application.

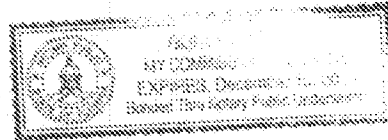
I/We hereby authorize and request patent office officials in the United States and in all foreign countries to issue any patents that are granted for the Application to the Foundation as the assignee of my/our entire right, title, and interest in the patents.

I/We hereby assign to the Foundation, its successors and assigns, all of my/our rights to sue for and recover damages and profits with respect to past infringements or unauthorized uses of any patent that issues on the Application or unpaid royalties with respect to use of any rights in the Application that occurred before the execution of this Assignment.

I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters patent; execute all necessary papers; make all rightful oaths; and generally do everything possible to aid the Foundation, its successors and assigns, to obtain and enforce all rights with respect to the Application in the United States, its territorial possessions, and all foreign countries.

Signed: [Signature]
Name: BENJAMIN A. HOTTEL
Address: 2619 NW 4TH AVENUE
GAINESVILLE, FL 32607

Date: 11/12/2014



State of Florida
County of Alachua

On this 12 day of November, 2014, Benjamin A Hottel personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

[Signature]
Notary Public

My Commission Expires:
SEAL

Signed: [Signature]
Name: ROBERTO M. PEREIRA
Address: 5825 NW 52ND TERRACE
GAINESVILLE, FL 32611

Date: 11-12-2014

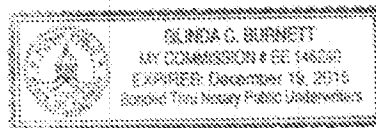


State of Florida
County of Alachua

On this 12 day of November, 2014, Roberto M Pereira personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

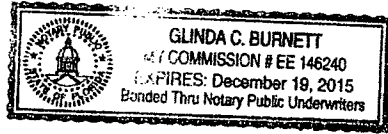
[Signature]
Notary Public

My Commission Expires:
SEAL



Signed: *P. G. Koehler*
Name: PHILIP G. KOEHLER
Address: 5305 NW 72ND STREET
GAINESVILLE, FL 32653

Date: 11-12-2014



State of Florida
County of Alachua

On this 12 day of November, 2014, Philip G. Koehler personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

Glinda C. Burnett
Notary Public

My Commission Expires:
SEAL