PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT3178073

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	SECURITY INTEREST

CONVEYING PARTY DATA

Name	Execution Date
AMITY RUBBERIZED PEN CO., INC. DBA AMITY MANUFACTURING	12/01/2014

RECEIVING PARTY DATA

Name: JUDITH RIGGAN Street Address: 15998 OAK CANYON DRIVE City: CHINO HILLS State/Country: CALIFORNIA Postal Code: 91709 Name: NORAY BETBABA Street Address: 7254 CIRRUS WAY City: WEST HILLS State/Country: CALIFORNIA Postal Code: 91307 Name: DARREN OROUMIEH Street Address: 20723 NORTHAMPTON ST City: WALNUT State/Country: CALIFORNIA Postal Code: 91789
City: CHINO HILLS State/Country: CALIFORNIA Postal Code: 91709 Name: NORAY BETBABA Street Address: 7254 CIRRUS WAY City: WEST HILLS State/Country: CALIFORNIA Postal Code: 91307 Name: DARREN OROUMIEH Street Address: 20723 NORTHAMPTON ST City: WALNUT State/Country: CALIFORNIA
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Postal Code: 91789
Name: GARY DWYER
Street Address: 20723 NORTHAMPTON ST
City: WALNUT
State/Country: CALIFORNIA
Postal Code: 91789
Name: SORRENTO MANUFACTURING
Street Address: 13417 BENSON AVENUE
City: CHINO
State/Country: CALIFORNIA
Postal Code: 91710

PROPERTY NUMBERS Total: 2

PATENT REEL: 034750 FRAME: 0245

503131463

Property Type	Number
Patent Number:	7004350
Patent Number:	D633396

CORRESPONDENCE DATA

Fax Number:

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: 626-215-5574

Email: amitypen@gmail.com
Correspondent Name: CINDY OROUMIEH

Address Line 1:612 N. COMMERCIAL AVENUEAddress Line 4:COVINA, CALIFORNIA 91723

NAME OF SUBMITTER:	CINDY S. OROUMIEH
SIGNATURE:	/CINDY S. OROUMIEH/
DATE SIGNED:	01/12/2015
	This document serves as an Oath/Declaration (37 CFR 1.63).

Total Attachments: 2

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> PATENT REEL: 034750 FRAME: 0246

2c. MAILING ADDRESS	CITY	STATE P	OSTAL ODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of Secured Party name (3a or 3b)	of ASSIGNEE of ASSIGNORS	ECURED PA	RTY): Provide	only <u>one</u>
3a. ORGANIZATION'S NAME	DE 10.0 DE TOTAL PORTO DE TOTAL DE TOTA			
OR 3b. INDIVIDUAL'S SURNAME DWYER	FIRST PERSONAL NAME GARY	ADDITIC NAME(S	ONAL)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 20723 NORTHAMPTON STREET	CITY WALNUT		OSTAL CODE 1789	COUNTRY
4. COLLATERAL: This timancing statement THE FOLLOWING LOANS ARE COLLATINC. ASSETS JUDITH RIGGAN: \$100,000 PLUS 18% IN DARREN OROUMIEH: \$100,000 (JUNE 2 GARY B DWYER: \$140,000 (JAN-DECEN NORAY BETBABA: \$35,000 (9/18/2014)	TEREST RATE PER YEAR (* 006) MBER 2010)	4/5/2010)		
5. Check only if applicable and check only instructions) being administered by a l	Decedent's Personal Represent	auve	· · · · · · · · · · · · · · · · · · ·	
6a. Check only if applicable and check only	box:	only if applic	able and check	only one
Public-Finance Transaction	afactured-Home g Utility — Agric	cultural Lien	∟Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if appl	icable): —Lessee/Lessor see/Licensor	-Consignee	Consignor	
8. OPTIONAL FILER REFERENCE DATA	! :			

FILING OFFICE COPY

9/30/2014 2:46 PM

Re: 7,004,350 + 1633396

REEL: 034750 FRAME: 0247







HELP

ERIEFCASE

Initial Filing

Please review the UCC Financing Statement below.

When the statement is accurate and complete, select Submit Filing. A fee will be charged. Refer to the Fee Schedule in the HELP section for current fees.

To make changes to the UCC Financing Statement, select the Edit Filing button.

If you do not wish to submit this filing, select Cancel.

Cancel

Edit Filing

Submit Filing

UCC FINANCING STATEMENT

		INSTRUCTIONS	

A. NAME & PHONE OF CONTACT AT FILER (optional) cindy oroumieh 626-215-5574	DOCUMENT NUMBER: 45089910002
B. E-MAIL CONTACT AT FILER (optional)	FILING NUMBER: FILING DATE:
C. SEND ACKNOWLEDGMENT TO: (Name and Address) cindy oroumieh 20723 NORTHAMPTON STREET WALNUT, CA 91789 USA	IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do 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

AMITY RUBBERIZED PEN COMPANY, INC. dba AMITY MANUFACTURING

OR 1b. INDIVIDUAL'S SURNAME	 FIRST PERSONAL NAME		IONAL (S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 612 N. COMMERCIAL AVENUE	 CITY	STATE CA	POSTAL CODE 91723	COUNTRY
				44.79

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 I 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

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

9/30/2014 2:46 PM

1 of 6

e: 7,004,350 + D633396

PATENT REEL: 034750 FRAME: 0248

RECORDED: 01/12/2015