503153042 01/27/2015

PATENT ASSIGNMENT COVER SHEET

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

CONVEYING PARTY DATA

| Name | Execution Date |
|----------------|----------------|
| TOSHIMASA ENDO | 12/16/2014 |
| IPPEI MURAMOTO | 12/16/2014 |

RECEIVING PARTY DATA

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PROPERTY NUMBERS Total: 1

| Property Type | Number |
|---------------------|----------|
| Application Number: | 14589130 |

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ATTORNEY DOCKET NUMBER: 140410

PATENT 503153042 REEL: 034822 FRAME: 0140

| NAME OF SUBMITTER: | MEL R. QUINTOS |
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| SIGNATURE: | /MRQ/ |
| DATE SIGNED: | 01/27/2015 |
| | This document serves as an Oath/Declaration (37 CFR 1.63). |
| Total Attachments: 4 | ration and Assignment#page1.tif |

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PATENT REEL: 034822 FRAME: 0141

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| | | COME FOR U | INED DECLARA TILITY AND DES | TION AND ASSIGNMENT SIGN PATENT APPLICATIONS | |
| DECLA | | | UTILITY OR | Attorney Docket Number | |
| D.A | _ | ESIGN | CATION | First Named Inventor | |
| PA | | CFR 1. | | COMPLETE IF KNOWN | |
| | (** | | Declaration | Application Number | ···· |
| Declaration Submitted | OR | | Submitted After Initial Filing (surcharge | Filing Date | |
| With Initial Filing | Oit | | (37 CFR 1.16(f)) required) | Art Unit | |
| - | | | required) | Examiner Name | |

| CARD - CUTTING APPARATUS |
|--|
| (Title of the Invention) |
| As a below named inventor, I hereby declare that: |
| This declaration is directed to: |
| The attached application, |
| OR |
| United States Application Number or PCT International application number |
| filed on |
| |
| The above-identified application was made or authorized to be made by me. |
| I believe I am the original inventor or an original joint inventor of a claimed invention in the application. |
| I 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. |
| Authorization To Permit Access To Application by Participating Office |
| If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Office (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified patent application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, KIPO, WIPO, or other intellectual property office in which a foreign application claiming priority to the above-identified patent application is filed to have access to the above-identified patent application. |
| In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the above-identified patent application with respect to: 1) the above-identified patent application-as-filed; 2) any foreign application to which the above-identified patent application claims priority under 35 U.S.C. 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified patent application; and 3) any U.S. application-as-filed from which benefit is sought in the above-identified patent application. |
| In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices. |

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| | DECLARATION | — Utility or Desig | n Patent App | lication |
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| | | U.S. ASSIGN | | |
| (Insert ASSIGNEE's Name(s) Address(es)) | 1. UCHIDA YOKO 2. SAKURA SELKI 3. UCHIDA YOKO S. (hereinafter ASSIG ASSIGNOR hereb and interest to the i | CO., LTD. 4-7, Shind CO., LTD. 61, 2-Clome LOBAL LIMITED Room? INEE), the receipt of white y sells, assigns and transfer nvention entitled: | kawa 2 - chame (kasane - cho, y 9/F Axa Centre, ch is hereby acknovers to ASSIGNEE t | f other good and valuable SSIGNOR) by Lhuo~ku, Tokyo Japan ao~shi, Osaka Japan No, ISI Gloucester Road, Wancha; H wledged, the undersigned the entire and exclusive right, title |
| (Title of Invention) | CARD - CUT | TING APPARATUS | | |
| (*If the assignment is being filed after the filing of the application, this section must be completed) | unless otherwise in Janua | ndicated below: ary 5, 2015 Hanson, LLP is hereby | Serial No. | was executed on even date herewith 14/589,130. It the serial code, serial number and/o |

and all Letters Patent of the United States to be obtained therefor on said application or any continuation, divisional, substitute, reissue or reexamination thereof for the full term or terms for which the same may be granted.

The ASSIGNOR agrees to execute all papers necessary in connection with the application and any continuation, divisional, reissue or reexamination applications thereof and also to execute separate assignments in connection with such applications as the ASSIGNEE may deem necessary or expedient.

The ASSIGNOR agrees to execute all papers necessary in connection with any interference, litigation, or other legal proceeding which may be declared concerning this application or any continuation, divisional, reissue or reexamination thereof or Letters Patent or reissue patent issued thereon and to cooperate with the ASSIGNEE in every way possible in obtaining and producing evidence and proceeding with such interference, litigation, or other legal proceeding.

IN WITNESS WHEREOF, the undersigned inventor(s) has (have) affixed his/her/their signature(s).

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| Legal Name of Additional Joint Inventor, if any: C.g., Given Name (first and middle (if any)) and Family Name or Surname) I ppei MURAMOTO |
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| Inventor's Signature Residence: City Yao - shi state country C/O SAKURA SELKI CO., LTD. Mailing Address 61, 2-chome, kusune - cho, Yao - shi, Osaka City Yao - shi state zip country Legal Name of Additional Joint Inventor, if any: (E.g., Given Name (first and middle (if any)) and Family Name or Surname) Inventor's Signature Residence: City State Zip Country Mailing Address City State Zip Country Legal Name of Additional Joint Inventor, if any: |
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| Legal Name of Additional Joint Inventor, if any: |
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| (E.g., Given Name (first and middle (if any)) and Family Name or Surname) |
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| Inventor's Date |
| Signature |
| Residence: City State Country |
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