

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3237024

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
TIM FEESS	02/12/2015
WILLIAM AFRICANO	02/12/2015
PATRICK MCGUIRE	02/12/2015
RECEIVING PARTY DATA	
Name:	MYGNAR, INC.
Street Address:	725 BARRINGTON AVE.
Internal Address:	SUITE 106
City:	LOS ANGELES
State/Country:	CALIFORNIA
Postal Code:	90049
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14628653
CORRESPONDENCE DATA	
Fax Number:	(585)232-2152
<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:	585-231-1131
Email:	tmenasco@hselaw.com
Correspondent Name:	TIMOTHY W. MENASCO, ESQ.
Address Line 1:	1600 BAUSCH & LOMB PLACE
Address Line 4:	ROCHESTER, NEW YORK 14604-2711
ATTORNEY DOCKET NUMBER:	99980.000004
NAME OF SUBMITTER:	TIMOTHY W. MENASCO
SIGNATURE:	/Timothy W. Menasco/
DATE SIGNED:	02/23/2015
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 8	
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source=99980-4_Assignment#page6.tif
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source=99980-4_Assignment#page8.tif

ASSIGNMENT and DECLARATION OF INVENTORSHIP

Applicant:	MyGnar, Inc.
First Named Inventor:	Tim Feess
Attorney Docket No.:	99980.000004
Application No.:	tbd
Filed:	tbd
TITLE: MANAGING DATA	

FOR GOOD AND VALUABLE CONSIDERATION, **we**, the **JOINT INVENTORS** and
ASSIGNORS:

Tim Feess, a US citizen residing at:
725 S. Barrington Ave., Suite #106, Los Angeles, CA 90049

William Africano, a US citizen residing at:
2810 2nd St., Santa Monica, CA 90405

Patrick McGuire, a US citizen residing at:
2427 Pier Ave., Santa Monica, CA 90405

HEREBY ASSIGN to the ASSIGNEE:

MyGnar, Inc., a US corporation existing under the laws of the State
of Delaware with a business mailing address at:
725 Barrington Ave.
Suite 106
Los Angeles, CA 90049

ALL RIGHT, TITLE, AND INTEREST WORLDWIDE in and to the invention described in the above-identified US nonprovisional application entitled, MANAGING DATA; and in and to said US patent application and all applications that may be filed on said invention anywhere in the world, including any and all divisions, reissues, continuations, and extensions thereof and in and to any Letters Patents, Inventors' Certificates, Design Registrations, Industrial Models, Utility Models, and all other forms of protection that may be granted thereon, including the right to file applications and the right to claim priority from the US application worldwide, and including the right to pursue and obtain any damages, recoveries, or remedies for past infringements of these protections.

ASSIGNORS covenant that no assignment, license, or encumbrance has been or will be made that would conflict with this Assignment.

ASSIGNORS request that all Letters Patents, Inventors' Certificates, Design Registrations, Industrial Models, Utility Models and all other forms of protection on said invention be issued to the ASSIGNEE, and **ASSIGNORS** agree to cooperate fully in obtaining and enforcing patent protection for said invention, including communicating any facts relating to said invention, signing lawful papers, and, at the request and expense of the ASSIGNEE, but without compensation, testifying in legal proceedings.

INVENTORS EACH HEREBY DECLARE:

The Declaration is directed to the above-identified application entitled, **MANAGING DATA**.

The referenced application was made or authorized to be made by me.

I believe I am 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.

My mailing address is the same as my residence and is listed above below my name.

Dated:

2/12/2015

Tim Feess

STATE OF _____)
COUNTY OF _____) ss

On the _____ day of _____ in the year 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared **Tim Feess**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

PLEASE SEE DETACHED CERTIFICATE A-0
Notary Public 2-12-15

Seal

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of LOS ANGELES)

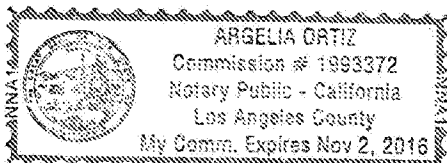
On FEB. 12, 2015 before me, ARGELIA ORTIZ Notary Public
2-12-15 Date Here Insert Name and Title of the Officer

personally appeared TIMOTHY FEARS
 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Argelia Ortiz
 Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document ASSIGNMENT AND DECLARATION

Title or Type of Document: OF INVENTORSHIP Document Date: _____

Number of Pages: 21 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

- ☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer is Representing: _____

INVENTORS EACH HEREBY DECLARE:

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I believe I am 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.

My mailing address is the same as my residence and is listed above below my name.

Dated: 2/12/2015

William Africano
William Africano

STATE OF _____)
COUNTY OF _____) ss

On the _____ day of _____ in the year 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared **William Africano**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

PLEASE SEE THE ATTACHED CERTIFICATE NO.
Notary Public 2-12-15

Seal

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

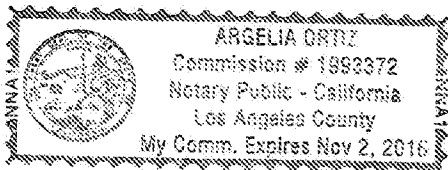
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of LOS ANGELES)
 On FEB. 12, 2015 before me, ARGELIA ORTIZ, Notary Public,
 Date Here Insert Name and Title of the Officer
 personally appeared WILLIAM AFRICANO
 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Argelia Ortiz
 Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document ASSIGNMENT AND DECLARATION
 Title or Type of Document: OF INVENTORSHIP Document Date: _____
 Number of Pages: 2 Signer(s) Other Than Named Above: _____
 Capacity(ies) Claimed by Signer(s)
 Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____
 Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____

INVENTORS EACH HEREBY DECLARE:

The Declaration is directed to the above-identified application entitled, **MANAGING DATA**.

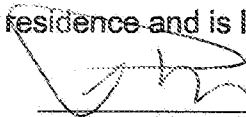
The referenced application was made or authorized to be made by me.

I believe I am 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.

My mailing address is the same as my residence and is listed above below my name.

Dated: 2/12/15



Patrick McGuire

STATE OF _____)
COUNTY OF _____) ss

On the _____ day of _____ in the year 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared **Patrick McGuire**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

PLEASE SEE THE ATTACHED CERTIFICATE
Notary Public
A-J
2-12-15

Seal

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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State of California)

County of LOS ANGELES)

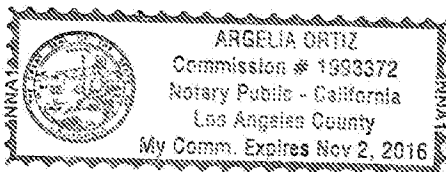
On FEB 12, 2015 before me, ARGELIA ORTIZ, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared PATRICK MCGUIRE
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Argelia Ortiz
Signature of Notary Public

Place Notary Seal Above

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Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

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Number of Pages: 01 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer is Representing: _____