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

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: 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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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

3881628_1

Attorney Docket No. 99980.000004

Page 2 of 5

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.

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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.

years, u	i DOMI.				
	,	same as my residence	e and is listed abo	ve below my name.	
Dated:	2/2/01	5			
	,		Tim Fee	28 8	
STATE OF _) F) ss				
Notary Proved to subscribe capacity,	ublic in and for said S o me on the basis of s ed to the within instru and that by his signa	in the y State, personally appear satisfactory evidence to ment and acknowledge ature on the instrument, executed the instrumen	red Tim Feess , per be the individual wi d to me that he exe the individual, or th t.	sonally known to me o hose name is cuted the same in his te person upon behalf	or : ;
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A notary public or other officer completing this certificate document to which this certificate is attached, and not the	ate verifies only the identity of the individual who signed the he truthfulness, accuracy, or validity of that document.
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County of Las Angers	
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	Name(s) of Signer(s)
subscribed to the within instrument and acknow	evidence to be the person(s) whose name(s) is/are ledged to me that he/she/they executed the same in is/her/their signature(s) on the instrument the person(s), cted, 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.
Apartechnikalarika	
ARGELIA ORTIZ	Signature (Signature)
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☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attomey in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other:	Other:
Signer is Representing:	Signer Is Representing:
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My mailing address is the same as my residence and is listed above below my name.

Dated: _	21/2/2019	2 1007		and the same of th
	1		William Africano	
STATE OF)		*	
COUNTY OF _) ³⁸			
On the	day of	in the year	2015, before me, the unde	ersigned, a
Notary Pub	olic in and for said S	State, personally appeared I	William Africano, person	ally known to
me or prove	ed to me on the bas	sis of satisfactory evidence	to be the individual whose	e name is
subscribed	to the within instrui	ment and acknowledged to	me that he executed the	same in his
capacity, ai	nd that by his signa	ture on the instrument, the	individual, or the person t	upon behalf
of which the	e individual acted, e	executed the instrument.	·	
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		7	Notary Public	2-12-15

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State of California County of 605 606665 On February 2005 before me, 600 before) Lastin Carl Z Nation Position Here Insert Name and Title of the Officer Tattle Name(s) of Signer(s)
subscribed to the within instrument and acknow	y evidence to be the person(s) whose name(s) is/afe wiedged to me that he/she/they executed the same in his/her/their signature(s) on the instrument 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.
ARGELIA CRTIZ Commission # 1993372 Notary Public - California Los Angeles County My Comm. Expires Nov 2, 2016	Signature Signeture of Notery Public
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☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attomey in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other:	Other:
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My mailing add	ress is the same as my	residence and is listed above below my name.
Dated: 2/	12/15	
		Patrick McGuire
STATE OF)	
COUNTY OF	_) 68	
On the da	y of	in the year 2015, before me, the undersigned, a
Notary Public in	and for said State, person	ally appeared Patrick McGuire, personally known to ctory evidence to be the individual whose name is
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capacity, and the	it by his signature on the i	er de la constitue de la companya de la companya de la constitue de la companya del companya de la companya del companya de la companya del la companya de l
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subscribed to the within instrument and acknow	y evidence to be the person(s) whose name(s) is/are wiedged to me that he/she/they executed the same in his/he/r/the/r signature(s) on the instrument 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.
ARGELIA ORTIZ Commission * 1993372 Notary Public - California Las Angales County My Comm. Expires Nov 2, 2016	Signature Signature of Notary Fublic
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Description of Attached Document 455/6/ Title or Type of Document: <u>OF 174/84/</u> Number of Pages: Signer(s) Other Th	YMENT AND DECKARATION TORSHIP Document Date:
Capacity(les) Claimed by Signer(s) Signer's Name:	Signer's Name:
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□ Partner — □ Limited □ General	□ Partner — □ Limited □ General
☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator
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RECORDED: 02/23/2015