503203574 03/04/2015

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT3250190

		NEW ASSIGNMENT				
NATURE OF CONVEYANCE:		ASSIGNMENT	ASSIGNMENT			
CONVEYING PARTY D	ATA					
		Name	Execution Date			
SHRIDHAR NAVANAGERI			02/27/2015			
ANIL MAIPADY			02/27/2015			
SUDHAKAR SUBASHCHANDRABOSE			02/27/2015			
RAGHAVENDRA REDD	Y MOOI	RAM	02/27/2015			
NARENDER VATTIKON	IDA		02/27/2015			
RECEIVING PARTY DA	 \TA					
Name:		APOLLO EDUCATION GROUP, INC.				
Street Address:	3590 N	3590 NORTH 1ST STREET				
Internal Address:	SUITE	SUITE 200				
City:	SAN J	SAN JOSE				
State/Country:	CALIF	CALIFORNIA				
Postal Code:	95134					
PROPERTY NUMBERS	S Total: 1					
Property Type		Number				
Application Number:		14636426				
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PATENT REEL: 035081 FRAME: 0862 TRANSMITTAL FOR POWER OF ATTORNEY TO ONE OR MORE

REGISTERED PRACTITIONERS

NOTE: This form is to be submitted with the Power of Attorney by Applicant form (PTO/AIA/82B) to identify the application to which the Power of Attorney is directed, in accordance with 37 CFR 1.5, unless the application number and filing date are identified in the Power of Attorney by Applicant form. If neither form PTO/AIA/82A nor form PTO/AIA82B identifies the application to which the Power of Attorney is directed, the Power of Attorney will not be recognized in the application.						
Application Number		14/636426				
Filing Date		03/03/3015				
First Named Inventor	st Named Inventor David Le					
Title		METHOD AND SYSTEM FOR PERFORMING A SYNCHRONIZATION OPERATION				
Art Unit						
Examiner Name						
Attorney Docket Number		G00004NP-0215				
SIGNATURE of Applicant or Patent Practitioner						
Signature /Va	aru	n Shah/	Date (Optional)	03-03-2015		
Name Var	Varun A. Shah		Registration Number	62196		
Title (if Applicant is a juristic entity)						
Applicant Name (if Applicant is a juristic entity) NOTE: This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) for signature requirements and certifications. If						
more than one applicant, use multiple forms.						

This collection of information is required by 37 CFR 1.131, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**.

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PATENT REEL: 035081 FRAME: 0863

RECORDED: 03/04/2015

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POWER OF ATTORNEY BY APPLICANT

I hereby revoke all previous powers of attorney given in the application identified in either the attached transmittal letter or								
the boxes below.								
A	pplication Number	Filing Date						
(Note:	The boxes above may be left blank if information	is provided on form PTO/AIA/82A.)						
I hereby appoint	I hereby appoint the Patent Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in							
the attached tra	nsmittal letter (form PTO/AIA/82A) or identified ab	ove:						
OR		127473						
I hereby appoint Practitioner(s) named in the attached list (form PTO/AIA/82C) as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the patent application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above. (Note: Complete form PTO/AIA/82C.)								
Please recognize or	change the correspondence address for t	he application identified in the atta	ched transmittal					
letter or the boxes a	bove to: sociated with the above-mentioned Customer Nun	sher						
OR	aonaton wai ale angle-ineliaguen orstollitel urai	(UE)						
The address as	The address associated with Customer Number:							
OR Firm or	L	J						
Individual Name	3							
Address								
City	State	Zip						
Country								
Telephone	<u>Em</u>							
I am the Applicant (if the	Applicant is a juristic entity, list the Applicant name	a in the box):						
Apollo Educ	Apollo Education Group, Inc.							
Inventor or Join	Inventor or Joint Inventor (title not required below)							
Legal Representative of a Deceased or Legally Incapacitated Inventor (title not required below)								
Assignee or Person to Whom the Inventor is Under an Obligation to Assign (provide signer's title if applicant is a juristic entity)								
Person Who Otherwise Shows Sufficient Proprietary Interest (e.g., a petition under 37 CFR 1.46(b)(2) was granted in the								
application or is concurrently being filed with this document) (provide signer's title if applicant is a juristic entity) SIGNATURE of Applicant for Patent								
The undersigned (who	se title is supplied kelow) is authorized to act on beha		is a juristic entity).					
Signature			3. col 7					
Name	Shane Lunding		٠ <u>.</u>					
Title	Associate General Counsel, Intellectual Prope							
	NOTE: Signature - This form must be signed by the applicant in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. If more than one applicant, use multiple forms.							
Total of 1	forms are submitted.							
This collection of information is r	required by 37 CFP 1.131, 1.32, and 1.33. The information is req	uired to obtain or retain a benefit by the public which 11 and 1.14. This collection is estimated to take 3 mi	is to file (and by the					

of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

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