### 503411933 07/28/2015

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT3458567

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the ASSIGNOR'S NAME previously recorded on Reel 034421 Frame 0233. Assignor(s) hereby confirms the SALE.

### **CONVEYING PARTY DATA**

Name	Execution Date
NOCKAUF INCORPORATED	07/29/2014

#### **RECEIVING PARTY DATA**

Name:	PAUL DRAKE MICHELE JACKSON	
Street Address:	5172 STANTON AVE #B204	
City:	BUENA PARK	
State/Country:	CALIFORNIA	
Postal Code:	90621	

### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	29308377

#### **CORRESPONDENCE DATA**

**Fax Number:** (213)492-2459

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:** 909 545 2334

**Email:** jacksonm@metro.net

Correspondent Name: PAUL DRAKE

Address Line 1: 5172 STANTON AVE #B207

Address Line 4: BUENA PARK, CALIFORNIA 90621

NAME OF SUBMITTER:	PAUL DRAKE & MICHELE JACKSON	
SIGNATURE:	//Paul Drake// //Michele Jackson//	
DATE SIGNED:	07/28/2015	

#### **Total Attachments: 8**

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source=206.202.140.17_Scan_to_Desktop_07-28-2015_12-29-22#page2.	tif
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PATENT 503411933 REEL: 036201 FRAME: 0452

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PATENT REEL: 036201 FRAME: 0453 Form **PTO-1595** (Rev. 03-11) OMB No. 0651-0027 (exp. 04/30/2015)

RECORDATION FORM COVER SHEET	
PATENT	SONLY
To the Director of the U.S. Patent and Trademark Office: Pleas	e record the attached documents or the new address(es) below.
1. Name of conveying party(ies)	2. Name and address of receiving party(ies)
·	Name:Paul Drake & Michele Jackson dba Adopted Son Enterprine
LELAN W. ZALES	Internal Address:
Additional name(s) of conveying party(ies) attached? Yes No  3. Nature of conveyance/Execution Date(s):  Execution Date(s) JULY 29, 2014	Street Address: 5172 Stanton Ave. #B207
Assignment Merger	
Security Agreement Change of Name	City: Buena Park
Joint Research Agreement	State: California
Government Interest Assignment	Country: U. S. Zip: 90621
Executive Order 9424, Confirmatory License	Zip
◯ Other_SALE	Additional name(s) & address(es) attached? Yes No
4. Application or patent number(s):  A. Patent Application No.(s)  D598179	document is being filed together with a new application.  B. Patent No.(s)
Additional numbers att	I ached?
5. Name and address to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: One
Name: PAUL DRAKE	7. Total fee (37 CFR 1.21(h) & 3.41) \$
Internal Address:	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Street Address: 5172 STANTON AVE. #B207	Authorized to be charged to deposit account Enclosed
	None required (government interest not affecting title)
City: BUENA PARK	8. Payment Information
State: _CAZip:_ 90621	
Phone Number: 909 545 2334	Denocit Account Number - Ref # 1 215313031
Docket Number: 213 922 4594	Deposit Account Number Ref # 1-315313931
Email Address: jacksonm@metro.net	Authorized User Name
9. Signature: //PAUL DRAKE// //MICHELE JACKSON// November 10, 2014	
Signature	Date
PAUL DRAKE & MICHELE JACKSON	Total number of pages including cover sheet, attachments, and documents:
Name of Person Signing  Sincet, attachments, and documents:  Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:	
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450	

PATENT REEL: 036201 FRAME: 0454 PAUL DRAKE /MICHELE JACKSON

P & D ENTERTAINMENT

(DBA) ADOPTED SON ENTERPRISES

I, Leland Zales, hereby agree to sell the US Patent for Nockauf Jeans to Paul Drake/Michele Jackson, dba Adopted Son Enterprises. It is understood that the patent (USD598179) is certified by the US Patent Agency. Mr. Zales is agreeing to sell this patent (USD598179) for the amount of \$250,000). This purchase includes US Patent D598179 and all Nockauf trademarks. All trademarks are listed below:

- 1. Nockauf TRADEMARK #4,255,617 International class 25
- 2. Nockauf (Lelan Zales Los Angeles) TRADEMARK #3,779,773 international class 18
- 3. Nockauf (everything else is just a copy) trademark #3,779,773 international class 25

By signing this agreement, Leland Zales agrees to transfer all right and title to the above US Patent and associated trademarks to Paul Drake/Michele Jackson dba Adopted Son Enterprises.

This signed agreement is evidence of transfer of ownership of the Nockauf patent and all trademarks from Lelan Zales.

To verify the patent please follow the steps below:

- 1. Visit www.uspto.gov
- 2. Click on "patent search"
- 3. Search patent by number
- 4. Search Patent 598179

By signing below, the parties agree to the above contract terms and conditions.
Tant 10 much -11/5/4
Buyer Signature Date 1/29/ 2014
Michel ackson 11/5/4
Buyer Signature Muchelle askson Date 7/29/14
Buyer Signature - 1 / West
Seller Signature Date 7-29-2014
(ELAN CALES 11-5-2014

PATENT REEL: 036201 FRAME: 0455

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California		
County of Los Angeles		
On //5714 before me,		
is true and correct.	C. M. MARQUET	
WITNESS my hand and official seal.	COMM. #1998748 Notary Public - California Los Angeles County My Comm. Expires Nov. 19, 2016  (Notary Scal)	
Signature of Notary Public	(ittially blan)	
ADDITIONAL OPTIONAL INFORMATION		
DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FORM  Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative	
(Title or description of attached document)  (Title or description of attached document continued)	acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.	
Number of Pages Document Date	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>	
(Additional information)	<ul> <li>must also be the same date the acknowledgment is completed.</li> <li>The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).</li> </ul>	
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer  (Title) Partner(s) Attorney-in-Fact	<ul> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization.</li> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> <li>The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.</li> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> </ul>	
$\Box$ Trustee(s)		

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# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California		
County of LOS ANGUES		
On 11-5-14 before me, 12 personally appeared Saul Dr.	MMUGUEZ, Notary Public, Here insert name and title of the officer)	
the within instrument and acknowledged to me t	idence to be the person(s) whose name(s) is/are subscribed to hat he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of it.	
I certify under PENALTY OF PERJURY under t is true and correct.	he laws of the State of California that the foregoing paragraph	
WITNESS my hand and official seal.  Signature of Notary Public	C. M. MARQUEZ COMM. #1998748 Notary Public - California 6 Los Angeles County My Comm. Expires Nov. 19, 2016	
ADDITIONAL OPTIONAL INFORMATION		
DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FORM  Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative	
(Title or description of attached document)	acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.	
(Title or description of attached document continued)  Number of Pages Document Date	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>	
(Additional information)	must also be the same date the acknowledgment is completed.  The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).  Print the name(s) of document signer(s) who personally appear at the time of	
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	notarization.  Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they-, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.  The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.  Signature of the notary public must match the signature on file with the office of the county clerk.  Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date.  Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).	

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# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California County of LOS AN GULES		
on //-5-/4 before me,		
I certify under PENALTY OF PERJURY under the istrue and correct.  WITNESS my hand and official seal.  Signature of Notary Public	C. M. MARQUEZ COMM. #1998748 Notary Public - California Los Angeles County My Comm. Expires Nov. 19, 2016  (Notary Seal)	
ADDITIONAL O  DESCRIPTION OF THE ATTACHED DOCUMENT  (Title or description of attached document)  (Title or description of attached document continued)	PTIONAL INFORMATION  INSTRUCTIONS FOR COMPLETING THIS FORM  Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.	
Number of Pages Document Date (Additional information)	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.</li> <li>The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).</li> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization.</li> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.</li> </ul>	
CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer  (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.  The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.  Signature of the notary public must match the signature on file with the office of the county clerk.  Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date.  Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).	

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**RECORDED: 07/28/2015**