

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3900841


SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	JOHNETTE TACKER-BETANCOURT	05/28/2016
RECEIVING PARTY DATA		
Name:	REFLECTIONS OF LIGHT, INC.	
Street Address:	6601 NW FOURTH COURT	
City:	PLANTATION	
State/Country:	FLORIDA	
Postal Code:	33317	
PROPERTY NUMBERS Total: 1		
Property Type	Number	
Patent Number:	D745748	
CORRESPONDENCE DATA		
Fax Number:	(305)328-6680	
<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:	888-468-0444	
Email:	robert@sayfiepatents.com	
Correspondent Name:	ROBERT J. SAYFIE	
Address Line 1:	1200 BRICKELL AVENUE	
Address Line 2:	SUITE 1950	
Address Line 4:	MAIMI, FLORIDA 33131	
ATTORNEY DOCKET NUMBER:	PA1-4022	
NAME OF SUBMITTER:	ROBERT J. SAYFIE	
SIGNATURE:	/Robert J. Sayfie/	
DATE SIGNED:	06/03/2016	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 2		
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ASSIGNMENT OF PATENT 29/419,511

I, Johnette Tacker-Betancourt, ("applicant") have invented a certain new and useful ANIMAL MEDICAL ALERT VEST under U.S. patent number 29/419,511, and Reflections of Light, Inc., ("assignee"), of 6601 NW Fourth Court, Plantation, FL, 33317 is desirous of acquiring the entire right, title and interest in the patent.

Therefore, in consideration for the sum of \$1.00, the receipt of which is acknowledged, and other good and valuable consideration, the applicant, by these presents do sell, assign and transfer unto said assignee the full and exclusive right to said invention in the United States and the entire rights, title and interest in and to any and all Patents which may be granted therefore in the United States. I hereby authorize and request the Director of the United States Patent and Trademark Office to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for its sole use; and the use of its legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 28th day of May, 2016
at Plantation, Florida


Johnette Tacker-Betancourt

State of Florida)
 SS:
County of _____)

Before me personally appeared said applicant and acknowledged the foregoing instrument to be her free act and deed this _____ day of _____, 2016.

Seal

RECORDATION FORM COVER SHEET
PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

Johnette Tacker-Betancourt

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) May 28, 2016

- ☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: Reflections of Light, Inc.

Internal Address: _____

Street Address: 6601 NW Fourth Court

City: Plantation

State: FL

Country: US Zip: 33317

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

☒ This document serves as an Oath/Declaration (37 CFR 1.63).

A. Patent Application No.(s)

B. Patent No.(s)

29/419,511

Additional numbers attached? ☐ Yes ☒ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Robert J. Sayfie

Internal Address: Suite 1950

Street Address: 1200 Brickell Ave.

City: Miami

State: FL Zip: 33131

Phone Number: 888-468-0444

Docket Number: PA1-4022

Email Address: robert@sayfiepatents.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$0

- ☐ Authorized to be charged to deposit account
☒ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number _____

Authorized User Name _____

9. Signature: /Robert J. Sayfie/

6/3/2016

Signature

Date

Robert J. Sayfie

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: **2**

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

RECORDED: 06/03/2016

REEL: 038792 FRAME: 0589