

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
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EPAS ID: PAT4045308

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT	
<b>CONVEYING PARTY DATA</b>		
	<b>Name</b>	<b>Execution Date</b>
	POLYCEM, LLC	08/15/2016
<b>RECEIVING PARTY DATA</b>		
<b>Name:</b>	BRITTEN TILE, INC.	
<b>Street Address:</b>	2322 CASS ROAD	
<b>City:</b>	TRAVERSE CITY	
<b>State/Country:</b>	MICHIGAN	
<b>Postal Code:</b>	49684	
<b>PROPERTY NUMBERS Total: 1</b>		
	<b>Property Type</b>	<b>Number</b>
	Patent Number:	8017672
<b>CORRESPONDENCE DATA</b>		
<b>Fax Number:</b>	(248)380-3434	
<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>		
<b>Phone:</b>	248-380-0000	
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<b>NAME OF SUBMITTER:</b>	JAMES G. FAUSONE	
<b>SIGNATURE:</b>	/James G. Fausone/	
<b>DATE SIGNED:</b>	09/09/2016	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
<b>Total Attachments: 1</b>		
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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)**

PolyCem, LLC

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

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

Execution Date(s) August 15, 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: Britten Tile, Inc.

Internal Address: \_\_\_\_\_

Street Address: 2322 Cass Rd

City: Traverse City

State: MI

Country: USA Zip: 49684

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)

US 8, 017, 672, B2

Additional numbers attached? ☐ Yes ☒ No

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

Name: James G. Fausone

Internal Address: \_\_\_\_\_

Street Address: 41700 W. Six Mile Road  
Suite 101

City: Northville

State: MI Zip: 48168

Phone Number: (248) 380-0000

Docket Number: \_\_\_\_\_

Email Address: jfausone@fb-firm.com

**6. Total number of applications and patents involved: one**

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


- ☐ 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:**

  
Signature

8/17/16

Date

Jameson T. Goorman, CEO, PolyCem, LLC

Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
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