PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT4024608

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	LIEN

CONVEYING PARTY DATA

Name	Execution Date
WOWIO, INC.	08/22/2016

RECEIVING PARTY DATA

Name:	CBK CONSULTANTS, INC. A/K/A/ CBK, INC.
Street Address:	P.O. BOX 2133
City:	PORT WASHINGTON
State/Country:	NEW YORK
Postal Code:	11050

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	7848951

CORRESPONDENCE DATA

Fax Number: (212)430-5499

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: 212-430-5432
Email: lseidman@DIAMONDMCCARTHY.COM
Correspondent Name: LON J. SEIDMAN
Address Line 1: 489 FIFTH AVENUE
Address Line 2: 21ST FLOOR
Address Line 4: NEW YORK, NEW YORK 10017

ATTORNEY DOCKET NUMBER:	2158-11
NAME OF SUBMITTER:	MATTHEW K. BLACKBURN
SIGNATURE:	/s/ matthewkblackburn
DATE SIGNED:	08/25/2016

Total Attachments: 1
source=UCC-1 Texas#page1.tif

[redacted]

16-0027576044
08/22/2016 9:36 AM
FILED
TEXAS
SECRETARY OF STATE
SOS
686124660002

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C Return acknowledgment to:

[redacted]

Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78767
800/345-4647

RECEIVED
AUG 22 2016
CLK 77

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME: WOWIO, Inc.					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
1c MAILING ADDRESS: 9107 Wilshire Blvd., Suite 450	CITY: Beverly Hills	STATE: CA	POSTAL CODE: 90210	COUNTRY	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME: CBK Consultants, Inc. a/k/a CBK, Inc.					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
3c MAILING ADDRESS: P.O. Box 2133	CITY: Port Washington	STATE: NY	POSTAL CODE: 11050	COUNTRY	

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: