#### 504019561 09/23/2016

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

EPAS ID: PAT4066218

| SUBMISSION TYPE:      | NEW ASSIGNMENT |
|-----------------------|----------------|
| NATURE OF CONVEYANCE: | ASSIGNMENT     |

#### **CONVEYING PARTY DATA**

| Name                   | Execution Date |
|------------------------|----------------|
| BRIAN ROSS             | 06/13/2011     |
| AARON TAYLOR           | 06/08/2011     |
| CHRIS RANDOLPH DAWSON  | 06/08/2011     |
| JOSHUA ROBERT GALLEGOS | 06/06/2011     |

### **RECEIVING PARTY DATA**

| Name:           | EYE SAFETY SYSTEMS, INC. |
|-----------------|--------------------------|
| Street Address: | 1 ICON                   |
| City:           | FOOTHILL RANCH           |
| State/Country:  | CALIFORNIA               |
| Postal Code:    | 92610                    |

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

| Property Type       | Number   |
|---------------------|----------|
| Application Number: | 14307349 |

#### **CORRESPONDENCE DATA**

Fax Number: (949)760-9502

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.

949-760-0404 Phone: Email: efiling@knobbe.com

**Correspondent Name:** KNOBBE, MARTENS, OLSON & BEAR LLP.

2040 MAIN STREET, 14TH FL. Address Line 1: Address Line 4: **IRVINE, CALIFORNIA 92614** 

| ATTORNEY DOCKET NUMBER: | OAKLY1.940C1        |
|-------------------------|---------------------|
| NAME OF SUBMITTER:      | OMAR K. AL-MESNED   |
| SIGNATURE:              | /OMAR K. AL-MESNED/ |
| DATE SIGNED:            | 09/23/2016          |

#### **Total Attachments: 7**

source=940C1\_Assign#page1.tif source=940C1 Assign#page2.tif source=940C1\_Assign#page3.tif

| source=940C1_Assign#page4.tif |  |
|-------------------------------|--|
| source=940C1_Assign#page5.tif |  |
| source=940C1_Assign#page6.tif |  |
| source=940C1_Assign#page7.tif |  |

#### **ASSIGNMENT OF RIGHTS**

In consideration of the payment by ASSIGNEE to ASSIGNORS of good and valuable consideration the adequacy and receipt of which are hereby acknowledged,

ASSIGNOR, Brian ROSS, residing or having a principal place of business at 212 Broadway Blvd., PO Box 1708, Ketchum, ID 83340, and a citizen or juristic entity of the United States of America.

ASSIGNOR, Aaron TAYLOR, residing or having a principal place of business at 117 E. Spruce St., PO Box 3096, Hailey, ID 83333, and a citizen or juristic entity of the United States of America.

ASSIGNOR, Chris Randolph DAWSON, residing or having a principal place of business at 24064 Ristras Ln., Murrieta, CA 92562, and a mailing address of PO Box 2535, Ketchum, ID 83340, and a citizen or juristic entity of the United States of America.

ASSIGNOR, Joshua Robert GALLEGOS, residing or having a principal place of business at 7600 Walnut Grove Ave., Corona, CA 92880, and a citizen or juristic entity of the United States of America.

hereby sell, assign, and transfer to:

ASSIGNEE, Eye Safety Systems, Inc., residing or having a principal place of business at 1 Icon, Foothill Ranch, CA 92610, and a citizen or juristic entity of the United States of America, and the successors, assigns, and legal representatives of the ASSIGNEE, the entire right, title, and interest throughout the world, including the United States and other countries, including all rights to claim priority, in and to the invention entitled, ADJUSTABLE FACIAL PROTECTION SYSTEMS AND METHODS OF MAKING AND USING THE SAME, and in United States patent application serial number 13/153,250 , filed on 03 June 2011 (if not present when this instrument is executed, applicant's attorney or agent is authorized to enter the application serial number and filing date upon receipt of the same from the United States Patent and Trademark Office), and in and to all Letters Patent to be obtained from said invention by the above application including without limitation any non-provisional, continuation, division, renewal, non-United States patent or substitute thereof, and as to Letters Patent from any reissue or re-examination thereof.

ASSIGNORS hereby covenant that no assignment, sale, agreement, or encumbrance has been or will be made or entered into which would conflict with this assignment.

ASSIGNORS further covenant that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts, documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to the ASSIGNOR and will

ADJUSTABLE FACIAL PROTECTION SYSTEMS AND METHODS OF MAKING AND USING THE SAME

File No.: 1775-014-03

Page 1 of 4

testify as to the same in any interference, litigation, or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue, and enforce said application, said invention, and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purpose thereof.

ADJUSTABLE FACIAL PROTECTION SYSTEMS AND METHODS OF MAKING AND USING THE SAME

File No.: 1775-014-03

Page 2 of 4

| SSIGNOR:   |
|--|
| ame: Brian ROSS  |
| ignature: Bruin  |
| tle (if applicable): General Manager   |
| XECUTED ON, and effective from this /3th day of June , 2011  |
| I certify that I know or have satisfactory evidence that   |
| DATED 6 13 201   |
| (Signature of Notary)  |
| JENNA RESKO<br>Notary Public<br>(Print or stamp name of N <b>State</b> y) <b>of Idaho</b>  |
| NOTARY PUBLIC in and for<br>the State of Idaho, residing at פּבּבּ לְצָּבּאָשׁתְּ נִם<br>My Appointment Expires: יון א (אַפּרָן) |

ADJUSTABLE FACIAL PROTECTION SYSTEMS AND METHODS OF MAKING AND USING THE SAME

File No: 1775-014-03

Page 3 of 4

| ASSIGNOR:  |  |
|--|--|
| Name: Aaron TAYLOR   |  |
| Signature:   | <del></del>  |
| Title (if applicable):   |  |
| EXECUTED ON, and effective from this 8 at 160 7 ST , KETCHOW   | day of <u>TUNE</u> , 2011  |
| STATE OF IDAHO ) ) ss. COUNTY OF )   |  |
| I certify that I know or have satisfactory of the person who appeared before me, and said signed this instrument and acknowledged it to be and purposes mentioned in the instrument. | evidence that <u>faron</u> I is person acknowledged that <u>faron</u> is e a free and voluntary act for the uses |
| DATED 6/8/2011   |  |
|  | Gignature of Notary)  JENNA RESKO  Notary Public  State of Idaho   |
| (F   | Print or stamp name of Notary)   |

NOTARY PUBLIC in and for the State of Idaho, residing at এড , ধুন্দুর্ভিত্র , ধুন্দুর্ভিত্র , বিশ্বর , বিশ্বর

ADJUSTABLE FACIAL PROTECTION SYSTEMS AND METHODS OF MAKING AND USING THE SAME

File No : 1775-014-03

Page 4 of 4

| ASSIGNOR:  |   |
|--|---|
| Name: Chris Randolph DAWSON  |   |
| Signature: <i>Uni R. Dum</i>   |   |
| Title (if applicable): R + D MANAGEM   | e   |
| EXECUTED ON, and effective from this   | day of June, 2011<br>160 TR St. pechur, ID.                     |
| STATE OF <u>Idaho</u> ) ) ss. COUNTY OF <u>barne</u> )   |   |
| I certify that I know or have satisfactory the person who appeared before me, and said signed this instrument and acknowledged it to and purposes mentioned in the instrument. |   |
| DATED 6 8/2011   | _•  |
|  | (Signature of Notary)   |
|  | JENNA RESKO Notary Public  (Print or stamp name of the afyldaho |
|  | NOTABY BUBLIO   |

NOTARY PUBLIC in and for the State of Idaho, residing at ESS Kellun, (D. My Appointment Expires: 18/2013.

ADJUSTABLE FACIAL PROTECTION SYSTEMS AND METHODS OF MAKING AND USING THE SAME

File No.: 1775-014-03

Page 5 of 4

# See Attached Gelifornia Noting form

| ASSIGNOR:  | ·····  |
|--|--|
| Name: Joshua Robert GALLEGOS   |  |
| Signature: Johns Robert Jallegor   |  |
| Title (if applicable): <u>Design and index</u>   |  |
| EXECUTED ON, and effective from this <u>(o</u><br>at <u>Oakley, Inc. 1 Icon</u> Forthur RANKA  |  |
| STATE OF ) ss. COUNTY OF )   |  |
| I certify that I know or have satisfactory of<br>the person who appeared before me, and said<br>signed this instrument and acknowledged it to b<br>and purposes mentioned in the instrument. | person acknowledged that                             |
| DATED  |  |
|  |  |
| (3   | Signature of Notary)                                 |
| ,  |  |
|  | Print or stamp name of Notary)                       |
| _  | NOTARY PUBLIC in and for State of Idaho, residing at |

ADJUSTABLE FACIAL PROTECTION SYSTEMS AND METHODS OF MAKING AND USING THE SAME

File No.: 1775-014-03

Page 6 of 4

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| State of California  | `a   |
|--|--|
| and Mange  | or the second se |
| County of AMI  |  |
| On MAC (4 (0)) before me, No   | 911 Jaker, NOTEM RABIL.  |
| personally appeared TOSOGO   | Here Insert Name and Title of the Office  Obort College College  Obort College College College  Obort College College  Obort College College  Obort College College College College College  Obort College Coll |
| personally appeared 3051401  | Name(s) of Signer(s)   |
|  | ,  |
| NEGIN SAGERI Commission # 1830258 Netery Public - California Orange County Ny Comm. Expires Jan 10, 2013 | who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the taws of the State of California that the foregoing paragraph is true and correct.  |
|  | WITNESS my hand and official seal:   |
|  | Signature  |
| Flace Notary Seal Above  | Signatehe of Notary Public   |
|  | TONAL tray prove valuable to persons relying on the document   |
| and could prevent fraudulent removal and r   | eattachment of this form to another document.  |
| Description of Attached Document   | get de la companya d   |
| Title or Type of Document:   |  |
| Document Date:   | Number of Pages:   |
| Signer(s) Other Than Named Above;  |  |
| Orginary Other Than Named Above,   |  |
| Capacity(les) Claimed by Signer(s)   |  |
| Signer's Name:   | Cianaria Mama  |
| ☐ Individual   | Signer's Name:   |
| ☐ Corporate Officer — Title(s):  | ☐ Corporate Officer — Title(s):  |
| Ti Dartner Tillimited Ti Ambarat   | To be the second of the second |
| ☐ Attorney in Fact   | Aftorney in Fact   |
| ☐ Trustee Top of thumb here  | Top of thumb here  |
| ☐ Guardian or Conservator  | ☐ Guardian or Conservator  |
| Other:   |  |
| C.) Vaici.   | □ Other:   |
| Signer Is Bepresenting:  | Cignar to Democratica  |
|  | Signer Is Representing:  |
|  |  |
|  |  |
| © 2007 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chetswo                          | rth, CA 91313-2402 • www.NationalNotary.org Item #5907 Reorder, Call Toll-Free 1-800-876-6827  |

PATENT REEL: 039844 FRAME: 0503

RECORDED: 09/23/2016