

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT4284773

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
STEVEN EIDELMAN	01/26/2017
ROBERT MOTT	01/17/2017
BEAU OYLER	01/18/2017
JEFF TUNG	01/27/2017
MARK SIRES	01/18/2017
KEVIN R. LLOYD	01/17/2017
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	MARS, INCORPORATED
<b>Street Address:</b>	6885 ELM STREET
<b>City:</b>	MCLEAN
<b>State/Country:</b>	VIRGINIA
<b>Postal Code:</b>	22101-3883
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	29580756
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	
<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>Email:</b>	zhangju@gtlaw.com
<b>Correspondent Name:</b>	GREENBERG TRAURIG LLP
<b>Address Line 1:</b>	77 WEST WACKER DRIVE, SUITE 3100
<b>Address Line 2:</b>	INTELLECTUAL PROPERTY DEPARTMENT
<b>Address Line 4:</b>	CHICAGO, ILLINOIS 60601
<b>ATTORNEY DOCKET NUMBER:</b>	020595-200500/US
<b>NAME OF SUBMITTER:</b>	JUNCHAO ZHANG
<b>SIGNATURE:</b>	/Junchao Zhang/
<b>DATE SIGNED:</b>	02/22/2017
This document serves as an Oath/Declaration (37 CFR 1.63).	

**Total Attachments: 14**

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source=347940298\_v 1\_WHI0005 USD Oath and Assignment executed#page14.tif

# COMBINED OATH AND ASSIGNMENT

WHEREAS, I/we

Steven Eidelman  
Robert Mott  
Beau Oyler  
Jeff Tung  
Mark Sires  
Kevin R. Lloyd

has(have) made the invention(s) described in patent application(s) entitled:

WHISTLE CHARM VER 3

Mars Docket Number: WHI0005 USD

Further identified as:

US Patent Application number: 29/580,756

Filing or 371(c) Date: October 12, 2016

And is a 371 of, and/or claims priority to/benefit of:

Application Number	Filing Date	Filing Country

I/WE HEREBY DECLARE THAT:

I) THE ABOVE-IDENTIFIED APPLICATION(S) WAS/WERE MADE OR AUTHORIZED TO BE MADE BY ME/US,

II) I/WE BELIEVE THAT I/WE AM/ARE THE ORIGINAL INVENTOR OR AN ORIGINAL JOINT INVENTOR OF A CLAIMED INVENTION(S) IN THE APPLICATION(S),

III) HEREBY ACKNOWLEDGE THAT ANY WILLFUL FALSE STATEMENT MADE IN THIS DECLARATION IS PUNISHABLE UNDER 18 USC 1001 BY FINE OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS, OR BOTH.

WHEREAS, **Mars, Incorporated** (hereinafter referred to as "**Mars**"), a corporation duly organized and existing under the laws of the State of Delaware, U.S.A., and having a principal office and place of business at 6885 Elm Street, McLean, Virginia, 22101-3883, U.S.A., desires to record a specific assignment to all rights, titles, and interests, which are assignable to the greatest extent permitted by laws, in and to the above-identified invention or inventions, and in and to any Letters Patent therefore in the United States of America and countries foreign thereto;

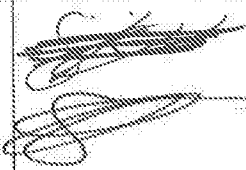
NOW THEREFORE, in consideration of One U.S. Dollar (US\$1.00) or equivalency in currencies other than U.S. Dollar, and other good and valuable consideration as well as awards and

remunerations stipulated in separate agreements or policies under applicable law by each of us received, the receipt of which is hereby acknowledged, I/we jointly and severally have sold and assigned, and hereby do sell and assign, to **Mars** its successors and assigns, the entire right, title, and interest (a) in the above-identified invention or inventions and all improvements and modifications thereof, (b) in the above-identified application(s), all provisional and non-provisional applications for patent upon which the above-identified application claims benefit or is claimed by such application, and all other applications for patent of the United States of America and countries foreign thereto for the above-identified invention or inventions and all improvements and modifications thereof, (c) in all Letters Patent which may issue from said applications in the United States of America and countries foreign thereto, and (d) in all divisions, reissues, continuations, conversions, and extensions of said applications and Letters Patent; and the undersigned inventor(s) hereby authorize and request the U.S. Commissioner of Patents and Trademarks to issue all United States Letters Patent on such invention or inventions included herein to **Mars** as assignee of the entire interest.

I/we further agree to communicate to **Mars**, its successors and assigns, or their representatives or agents all facts and information known or available to me/us relating to said invention or inventions, improvements and modifications including evidence for interference, reexamination, reissue, opposition, revocation, conversion, extension, or infringement purposes or other legal, judicial, or administrative proceedings, whenever requested; testify in person or by affidavit as required by **Mars**, its successors and assigns, in any such proceeding in the United States of America or a country foreign thereto; execute and deliver, on request, all lawful papers including, but not limited to, original, provisional, non-provisional, divisional, continuation, continuation-in-part, substitute, and reissue applications, renewals, assignments, powers of attorney, oaths, affidavits, declarations, and depositions; and provide all reasonable assistance to **Mars** its successors and assigns, in obtaining and enforcing proper protection for said invention or inventions, improvements and modifications under the intellectual property laws of the United States of America and countries foreign thereto.

I/we authorize any attorney of record for the above-identified application(s) to insert the application number(s) and filing date(s) of such application(s) onto this document, when available.

IN TESTIMONY WHEREOF, I/we has(have) executed this Assignment on the dates stated after my(our) respective signature(s).

Name	Signature	Date	Address & Citizenship
Steven Eidelman		1/26/17	Whistle Labs 1355 Market St., Suite 210 San Francisco, CA 94103  Citizenship: USA

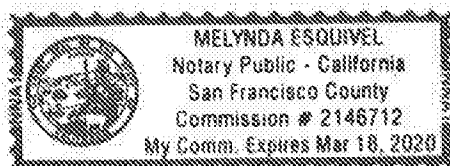
FOR US INVENTORS, NOTARY IS REQUIRED

State of California )  
 )SS  
County of San Francisco )

Before me this 26 day of January, 2017, personally appeared Steven Eidelman

\_\_\_\_\_, to me personally known as the same person whose name is subscribed to the foregoing instrument, who acknowledged to me that such instrument was signed, sealed, and delivered as that person's free and voluntary act for the uses and purposes set forth therein.

[Seal]



Melinda Esquivel  
Notary Public  
My Commission Expires March 18, 2020

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of San Francisco )

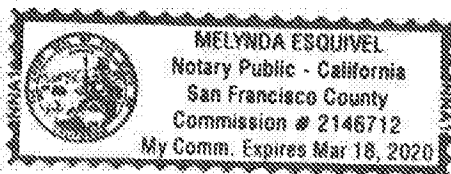
On January 26, 2017 before me, Melynda Esquivel - Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Steven J. Eidelman  
Name of Signer

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 laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Melynda Esquivel  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

IN TESTIMONY WHEREOF, I/we has(have) executed this Assignment on the dates stated after my(our) respective signature(s).

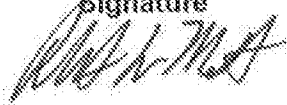
Name

Signature

Date

Address & Citizenship

Robert Mott



1/17/2017

Whistle Labs  
1355 Market St., Suite  
210  
San Francisco, CA  
94103

Citizenship: USA

FOR US INVENTORS, NOTARY IS REQUIRED

State of

)

)SS

County of

)

Before me this            day of            , 20\_\_ , personally appeared \_\_\_\_\_

\_\_\_\_\_ to me personally known as the same person whose name is subscribed to the foregoing instrument, who acknowledged to me that such instrument was signed, sealed, and delivered as that person's free and voluntary act for the uses and purposes set forth therein.

[Seal]

SEE ATTACHED

Notary Public

My Commission Expires \_\_\_\_\_

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of SAN FRANCISCO )

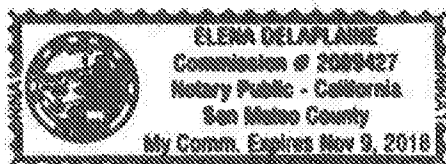
On JANUARY 17, 2017 before me, ELENA DELAPLAINE  
Date Here Insert Name and Title of the Officer

personally appeared ROBERT MOTT  
Name(s) of Signer(s)

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 laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Elena Delaplaine  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: COMBINED DATA AND ASSIGNMENT Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact


☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



IN TESTIMONY WHEREOF, I/we has(have) executed this Assignment on the dates stated after my(our) respective signature(s).

Name	Signature	Date	Address & Citizenship
Beau Oyler		1/18/17	Enlisted 464 19 <sup>th</sup> Street, Suite 205 Oakland, CA 94612  Citizenship: USA

~~FOR US INVENTORS, NOTARY IS REQUIRED~~

~~State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )SS~~

~~Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_~~

~~\_\_\_\_\_ to me personally known as the same person whose name is subscribed to the foregoing instrument, who acknowledged to me that such instrument was signed, sealed, and delivered as that person's free and voluntary act for the uses and purposes set forth therein.~~

[Seal]

~~Notary Public  
My Commission Expires \_\_\_\_\_~~

*See attached  
Acknowledgment*

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of Alameda )

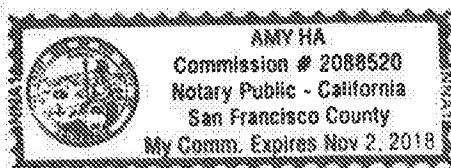
On 18 January 2014 before me, Amy HA, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Beau Oter  
Name(s) of Signer(s)

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 laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

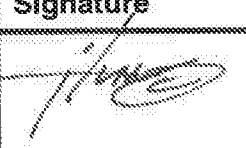
Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_  
Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

IN TESTIMONY WHEREOF, I/we has(have) executed this Assignment on the dates stated after my(our) respective signature(s).

Name	Signature	Date	Address & Citizenship
Jeff Tung		Jan 27 2017	Enlisted 464 19 <sup>th</sup> Street, Suite 205 Oakland, CA 94612  Citizenship: USA

FOR US INVENTORS, NOTARY IS REQUIRED

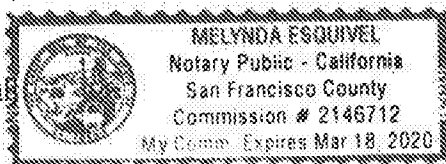
State of California )  
County of San Francisco ) SS

Before me this       day of       , 2017, personally appeared

26       January       Jeff Tung

\_\_\_\_\_ to me personally known as the same person whose name is subscribed to the foregoing instrument, who acknowledged to me that such instrument was signed, sealed, and delivered as that person's free and voluntary act for the uses and purposes set forth therein.

[Seal]



Melinda Esquivel  
Notary Public

My Commission Expires March 18, 2020

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

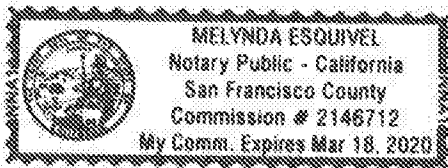
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
 County of San Francisco )  
 On January 26, 2017 before me, Melynda Esquivel - Notary Public  
Date Here Insert Name and Title of the Officer  
 personally appeared Jeffrey Tung  
Name(s) of Signer(s)

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 laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Melynda Esquivel  
Signature of Notary Public

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*


**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_  
 Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: _____	Signer's Name: _____
<input type="checkbox"/> Corporate Officer — Title(s): _____	<input type="checkbox"/> Corporate Officer — Title(s): _____
<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator	<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

IN TESTIMONY WHEREOF, I/we has(have) executed this Assignment on the dates stated after my(our) respective signature(s).

Name	Signature	Date	Address & Citizenship
Mark Sires		1/12/17	Sires Product Development 120 Braemoor Drive Santa Cruz, CA 95060  Citizenship: USA

FOR US INVENTORS, NOTARY IS REQUIRED

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )SS

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_

\_\_\_\_\_, to me personally known as the same person whose name is subscribed to the foregoing instrument, who acknowledged to me that such instrument was signed, sealed, and delivered as that person's free and voluntary act for the uses and purposes set forth therein.

[Seal]

Notary Public  
My Commission Expires \_\_\_\_\_

See Attached California State  
Approved Notary Certificate

  
Jenny Evans, Notary Public (Date) 1/18/17

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California

County of Santa Cruz

On 1/18/2017 before me, Jenny Evans, Notary Public, personally appeared

Mark Sires

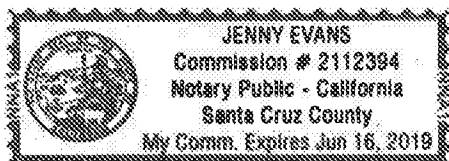
who proved to me on the basis of satisfactory evidence to be the person~~s~~ whose name~~s~~ is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity~~(ies)~~, and that by his/her/their signature~~s~~ on the instrument the person~~s~~, or the entity upon behalf of which the person~~s~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Type or Title of Document: Combined Oath + Assignment

Date of Document 1/18/17 Number of Pages 8

Signer(s) Other Than Named Above: \_\_\_\_\_

\*\*\*\*\*

IN TESTIMONY WHEREOF, I/we has(have) executed this Assignment on the dates stated after my(our) respective signature(s).

**Name**

**Signature**

**Date**

**Address & Citizenship**

Kevin R. Lloyd



4/17/2017

Whistle Labs  
1355 Market St., Suite  
210  
San Francisco, CA  
94103

Citizenship: USA

FOR US INVENTORS, NOTARY IS REQUIRED

State of \_\_\_\_\_ )

)SS

County of \_\_\_\_\_ )

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_

\_\_\_\_\_ to me personally known as the same person whose name is subscribed to the foregoing instrument, who acknowledged to me that such instrument was signed, sealed, and delivered as that person's free and voluntary act for the uses and purposes set forth therein.

SEE ATTACHED

[Seal]

Notary Public

My Commission Expires \_\_\_\_\_

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

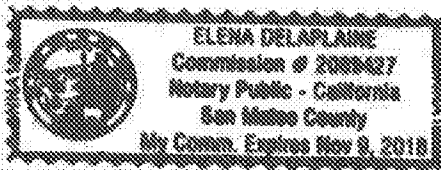
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
 County of SAN FRANCISCO )  
 On JANUARY 17, 2017 before me, ELENA DELAPLAINE,  
 Date Here Insert Name and Title of the Officer  
 personally appeared KEVIN R. LLOYD  
 Name(s) of Signer(s)

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 laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Elena Delaplaine  
 Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: COMBINED DATA INFO ASSIGNMENT Document Date: \_\_\_\_\_  
 Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
 Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
 Signer Is Representing: \_\_\_\_\_