

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4350832

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
FRANCISCO CORELLA	04/03/2017
KAREN POMIAN LEWISON	04/03/2017
RECEIVING PARTY DATA	
Name:	POMIAN & CORELLA, LLC
Street Address:	5120 MARCONI AVE APT 26
City:	CARMICHAEL
State/Country:	CALIFORNIA
Postal Code:	95608
PROPERTY NUMBERS Total: 2	
Property Type	Number
Application Number:	15136834
Application Number:	15468100
CORRESPONDENCE DATA	
Fax Number:	
<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:	619-770-6765
Email:	fcorella@pomcor.com
Correspondent Name:	FRANCISCO CORELLA
Address Line 1:	5120 MARCONI AVE APT 26
Address Line 4:	CARMICHAEL, CALIFORNIA 95608
NAME OF SUBMITTER:	FRANCISCO CORELLA
SIGNATURE:	/Francisco Corella/
DATE SIGNED:	04/03/2017
Total Attachments: 2	
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source=Assignments20170403#page2.tif	

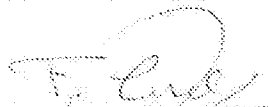
PATENT APPLICATION ASSIGNMENTS

Francisco Corella and Karen Pomian Lewison, inventors (the "Assignors"), have made inventions (the "Inventions") for which they have filed the following United States patent applications (the "Applications"):

Application No.	Filing Date	Title
15/136,834	April 22, 2016	PROTECTING PASSWORDS AND BIOMETRICS AGAINST BACK-END SECURITY BREACHES
15/468,100	March 23, 2017	MULTIFACTOR PRIVACY-ENHANCED REMOTE IDENTIFICATION USING A RICH CREDENTIAL

For good and valuable consideration, receipt of which is acknowledged, the Assignors assign to Pomian & Corella, LLC, doing business as Pomcor, an Oregon limited liability company located at 5120 Marconi Ave Apt 26, Carmichael, CA 95608 (the "Assignee"), their entire right, title, and interest in the Inventions and Applications, and request the Commissioner of Patents and Trademarks to issue to Assignee any patents resulting from the Inventions.

Assignor:


Francisco Corella

Date:

4/3/2017

Assignor:


Karen Pomian Lewison

Date:

4/3/2017

See Attached
By Notary
For Required
California Wording

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 Sacramento)

On 04/03/2017 before me, M. DIBAJ Notary Public
Date Here Insert Name and Title of the Officer

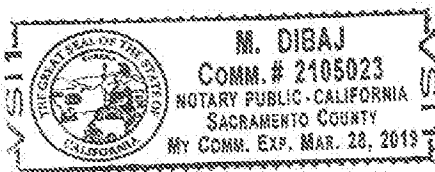
personally appeared Francisco Corella & Karen Pomian
Name(s) of Signer(s)

Lewison

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: _____