## 504459169 07/17/2017

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4505870

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

#### **CONVEYING PARTY DATA**

| Name          | Execution Date |
|---------------|----------------|
| JEFFREY ELROD | 03/17/2017     |
| AARON LAHO    | 07/10/2017     |

### **RECEIVING PARTY DATA**

| Name:           | FLUKE ELECTRONICS CORPORATION |  |  |
|-----------------|-------------------------------|--|--|
| Street Address: | 6920 SEAWAY BLVD.             |  |  |
| City:           | EVERETT                       |  |  |
| State/Country:  | WASHINGTON                    |  |  |
| Postal Code:    | 98203                         |  |  |

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

| Property Type       | Number   |
|---------------------|----------|
| Application Number: | 29595984 |

### **CORRESPONDENCE DATA**

**Fax Number:** (206)682-6031

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: 206-622-4900
Email: laurah@seedip.com
Correspondent Name: KEVAN L. MORGAN

Address Line 1: SEED IP LAW GROUP LLP
Address Line 2: 701 FIFTH AVE., SUITE 5400
Address Line 4: SEATTLE, WASHINGTON 98104

| ATTORNEY DOCKET NUMBER: | 370174.967        |
|-------------------------|-------------------|
| NAME OF SUBMITTER:      | KEVAN L. MORGAN   |
| SIGNATURE:              | /Kevan L. Morgan/ |
| DATE SIGNED:            | 07/17/2017        |

#### **Total Attachments: 4**

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PATENT REEL: 043020 FRAME: 0665

504459169

#### ASSIGNMENT

WHEREAS, we, Jeffrey Elrod and Aaron Laho (hereinafter referred to as ASSIGNORS), having a mailing address of c/o 6920 Seaway Blvd., Everett, Washington 98203, respectively, are the joint inventors of a new, original and ornamental design for "THERMAL IMAGING SENSOR," for which an application for United States letters patent was filed on March 3, 2017 , and assigned Application No. 29/595,984 ;

WHEREAS, Fluke Electronics Corporation (hereinafter referred to as ASSIGNEE), a corporation of the State of Delaware having a place of business at 6920 Seaway Blvd., Everett, Washington 98203, is desirous of acquiring the entire right, title and interest in and to the invention and in and to any letters patent that may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in exchange for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, ASSIGNORS hereby sell, assign and transfer unto said ASSIGNEE, the entire right, title and interest in and to said invention, said application and any and all letters patent which may be granted for said invention in the United States of America and its territorial possessions including any extensions or adjustments in term thereof and in any and all foreign countries, and in any and all divisions, reissues and continuations thereof, including the right to file foreign applications directly in the name of ASSIGNEE and to claim priority rights deriving from said United States application to which said foreign applications are entitled by virtue of international convention, treaty or otherwise, and including the right to sue and collect damages for past and present infringement of said letters patent; said invention, application and all letters patent on said invention to be held and enjoyed by ASSIGNEE and its successors and assigns for their use and benefit and of their successors and assigns as fully and entirely as the same would have been held and enjoyed by ASSIGNORS had this assignment, transfer and sale not been made. ASSIGNORS hereby authorize and request the Commissioner of Patents and Trademarks to issue all letters patent on said invention to ASSIGNEE. ASSIGNORS agree to execute all instruments and documents required for the making and prosecution of applications for United States and foreign letters patent on said invention, for litigation regarding said letters patent, or for the purpose of protecting title to said invention or letters patent therefor.

Assignee's counsel is authorized to insert the official filing date and application number information when it becomes available.

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<u>Application No.: 29/595,984</u>

| $\frac{3\cdot/7\cdot/7}{\text{Date}}$      | Jeffrey Elrod (Assignor)                                              |
|--------------------------------------------|-----------------------------------------------------------------------|
|                                            |                                                                       |
| State of Washington                        | 7                                                                     |
| State of Washing transcription of Snohrmis | ) ss.                                                                 |
| I certify that                             | I know or have satisfactory evidence that Jeffrey Elrod is the person |
| who appeared before me, a                  | and said person acknowledged that he signed this instrument and       |
| acknowledged it to be his t                | free and voluntary act for the uses and purposes mentioned in the     |
| instrument.                                |                                                                       |
|                                            | Dated 3 · / 7 · 20/7                                                  |
| STOTAR!                                    | Signature of Notary Public Mary 5, Walker                             |
| 13000000                                   | Printed Name MARY S. WALKER                                           |
| The West                                   | My appointment expires                                                |
| Date                                       | (Assignor) Aaron Laho                                                 |
| State of                                   |                                                                       |
| County of                                  | ) ss.                                                                 |
| I certify that                             | I know or have satisfactory evidence that Aaron Laho is the person    |
| who appeared before me, a                  | and said person acknowledged that he signed this instrument and       |
| acknowledged it to be his finstrument.     | free and voluntary act for the uses and purposes mentioned in the     |
|                                            |                                                                       |
|                                            | Dated                                                                 |
|                                            | Signature of Notary Public                                            |
|                                            |                                                                       |
|                                            | Printed Name                                                          |

Application No.: 29/595,984

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Jeffrey Elr                                   |                                                                                                              | ~ /      |
| State of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )                                             |                                                                                                              |          |
| County of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ) ss.                                         |                                                                                                              |          |
| who appeared before me, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nd said person acknowled                      | v evidence that Jeffrey Elrod is the dged that he signed this instrume the uses and purposes mentioned       | nt and   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dated                                         |                                                                                                              |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature of                                  |                                                                                                              |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Printed Name                                  |                                                                                                              |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | My appointment expires                        |                                                                                                              |          |
| 7/10/17<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Aaron/Laho                                    |                                                                                                              | signor)  |
| State of Minago ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u>                                      |                                                                                                              |          |
| County of Hennesi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ) ss.<br>)                                    |                                                                                                              |          |
| who appeared before me, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d said person acknowled                       | y evidence that Aaron Laho is the global dead that he signed this instrument the uses and purposes mentioned | nt and   |
| CHERYL R. SHRILA CHERYL R. SHRILA CHERYL R. SHRILA CHERYL R. SHRILA CHERY L. R. SHRILA CHERY L. R. SHRILA CHERY L. R. SHRILA CHERY L. SHRILA C | Dated Signature of Notary Public Printed Name | ) 2017<br>23/2/2<br>4/3/3/2                                                                                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | My appointment expires                        | <u> (Asnomy 31, 2011)</u>                                                                                    | <u> </u> |

Application No. <u>29/595,984</u>

## FLUKE ELECTRONICS CORPORATION

March 17, 2017

Date

\_\_(Assignee)

Matthew D. Rabdau, Chief IP Counsel

(Signatory Signature)

(Assignee Signatory Name, Title)

Assignment

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P11922US0-2227 | 370174.968

**RECORDED: 07/17/2017** 

PATENT REEL: 043020 FRAME: 0669