

## PATENT ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

EPAS ID: PAT4822762

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
JUNFENG DING	02/07/2018
JIANJUN GE	02/07/2018
ALAN J. KREBS	02/08/2018
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	BISSELL HOMECARE, INC.
<b>Street Address:</b>	2345 WALKER AVENUE, N.W.
<b>City:</b>	GRAND RAPIDS
<b>State/Country:</b>	MICHIGAN
<b>Postal Code:</b>	49544-2516
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	15895417
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(616)742-1010
<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>Phone:</b>	616-742-3500
<b>Email:</b>	patents@mcgarrybair.com
<b>Correspondent Name:</b>	MCGARRY BAIR PC
<b>Address Line 1:</b>	45 OTTAWA AVE. SW
<b>Address Line 2:</b>	SUITE 700
<b>Address Line 4:</b>	GRAND RAPIDS, MICHIGAN 49503
<b>ATTORNEY DOCKET NUMBER:</b>	71189-4549
<b>NAME OF SUBMITTER:</b>	ERIN E. HALL
<b>SIGNATURE:</b>	/Erin E. Hall/
<b>DATE SIGNED:</b>	02/13/2018
<b>Total Attachments: 3</b>	
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## DECLARATION AND ASSIGNMENT FOR PATENT AND DESIGN APPLICATIONS

TITLE OF INVENTION:

MOTORIZED FLOOR MOP

As a below named inventor, I hereby declare that:

This declaration is directed to:

- ☒ the attached application  
or  
☐ United States Application Number or PCT International Application Number filed on

The above identified application was made or authorized to be made by me.

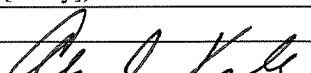
I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

I acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

In consideration of the sum of One Dollar (\$1.00), and other valuable and legally sufficient consideration, the receipt and adequacy of which I hereby acknowledge, I hereby sell, assign, and transfer unto BISSELL HOMECARE, INC., a corporation of the State of Michigan having its principal office and place of business in the City of Grand Rapids, County of Kent, State of Michigan, (hereinafter "Assignee"), its successors and assigns, my entire right, title, and interest in, to, and under the above identified application and the inventions disclosed therein; any Patents of the United States of America that may be obtained in respect thereof; any corresponding applications for Patent and Patents issuing therefor in all other areas of the world; and any reissues, extensions, substitutions, confirmations, divisions, and continuations of any of the foregoing (hereinafter "Invention Rights"), to have and to hold for the sole and exclusive use and benefit of Assignee, its successors and assigns forever.

I hereby covenant and agree to assist and cooperate with Assignee in the preparation and prosecution of any applications included within the Invention Rights and in the prosecution or defense of any review, opposition, or other proceeding that may arise in connection with any applications or Patent included within the Invention Rights and further to execute and deliver to Assignee any and all additional papers that may be requested by Assignee for the purpose of implementing the terms of this Assignment.

**ASSIGNOR** authorizes any member or representative of **BISSELL HOMECARE, INC.** to insert or complete any information in this document needed to effect its recordal in the U.S. Patent and Trademark Office.

Given Name (first and middle [if any])		Family Name or Surname	
Alan J.		Krebs	
Inventor's Signature		Dated	2/8/2010

On this \_\_\_\_\_ day of \_\_\_\_\_, 2018, personally appeared before me the above-named Alan J. Krebs, to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Notary Public \_\_\_\_\_ County, \_\_\_\_\_

My commission expires: \_\_\_\_\_

An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form. Use an additional PTO/AIA/01 form for each additional inventor.

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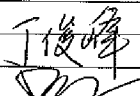
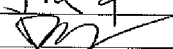
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Given Name (first and middle [if any])		Family Name or Surname	
Junfeng		Ding	
Inventor's Signature		Dated	07-Feb-2018
Witness Signature		Dated	09 Feb 2018

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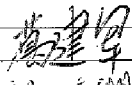
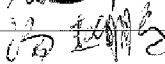
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Given Name (first and middle [if any])		Family Name or Surname	
Jianjun		Ge	
Inventor's Signature		Dated	Feb 8, 2018
Witness Signature		Dated	2018.02.09

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