# 505208344 11/28/2018

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5255112

| SUBMISSION TYPE:                                                                                                                                                                                                                                                                                                                      |                                                               | NEW ASSIGNMENT                                                                                                                                                                                                                                                                                                                                                                           | NEW ASSIGNMENT |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|
| NATURE OF CONVEYANCE:                                                                                                                                                                                                                                                                                                                 |                                                               | ASSIGNMENT                                                                                                                                                                                                                                                                                                                                                                               | ASSIGNMENT     |  |  |
| CONVEYING PARTY                                                                                                                                                                                                                                                                                                                       | ΑΤΑ                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |                |  |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                               | Name                                                                                                                                                                                                                                                                                                                                                                                     | Execution Date |  |  |
| BRIAN SANDERSON                                                                                                                                                                                                                                                                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                          | 03/11/2013     |  |  |
| HSIAN LEE                                                                                                                                                                                                                                                                                                                             |                                                               |                                                                                                                                                                                                                                                                                                                                                                                          | 02/21/2013     |  |  |
| JON MUNNS                                                                                                                                                                                                                                                                                                                             |                                                               |                                                                                                                                                                                                                                                                                                                                                                                          | 02/09/2013     |  |  |
| ROBERT CROPP                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                          | 02/21/2013     |  |  |
| RECEIVING PARTY D                                                                                                                                                                                                                                                                                                                     | ΑΤΑ                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |                |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                 | FOX H                                                         | EAD, INC.                                                                                                                                                                                                                                                                                                                                                                                |                |  |  |
| Street Address:                                                                                                                                                                                                                                                                                                                       | 16752                                                         | ARMSTRONG AVENUE                                                                                                                                                                                                                                                                                                                                                                         |                |  |  |
| City:                                                                                                                                                                                                                                                                                                                                 | IRVINE                                                        |                                                                                                                                                                                                                                                                                                                                                                                          |                |  |  |
| State/Country:                                                                                                                                                                                                                                                                                                                        | CALIFO                                                        | DRNIA                                                                                                                                                                                                                                                                                                                                                                                    |                |  |  |
| Postal Code:                                                                                                                                                                                                                                                                                                                          | 92606                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                |  |  |
| PROPERTY NUMBERS                                                                                                                                                                                                                                                                                                                      | S Total: 1                                                    |                                                                                                                                                                                                                                                                                                                                                                                          |                |  |  |
|                                                                                                                                                                                                                                                                                                                                       | r                                                             | Number                                                                                                                                                                                                                                                                                                                                                                                   |                |  |  |
| Property Type                                                                                                                                                                                                                                                                                                                         |                                                               | Number                                                                                                                                                                                                                                                                                                                                                                                   |                |  |  |
| Application Number:                                                                                                                                                                                                                                                                                                                   |                                                               | 15481143                                                                                                                                                                                                                                                                                                                                                                                 |                |  |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                          |                |  |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                          |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:                                                                                                                                                                                                                                                                                  | DATA                                                          | (617)542-2241                                                                                                                                                                                                                                                                                                                                                                            |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br><i>Correspondence will</i>                                                                                                                                                                                                                                                    | DATA<br>be sent to                                            | 15481143<br>(617)542-2241<br>o the e-mail address first; if that is unsuc                                                                                                                                                                                                                                                                                                                |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br><i>Correspondence will</i>                                                                                                                                                                                                                                                    | DATA<br>be sent to<br>provideo                                | (617)542-2241                                                                                                                                                                                                                                                                                                                                                                            |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br><i>Correspondence will I<br/>using a fax number, if</i><br>Phone:<br>Email:                                                                                                                                                                                                   | DATA<br>be sent to<br>provideo                                | 15481143<br>(617)542-2241<br><b>b the e-mail address first; if that is unsuc</b><br><b>d; if that is unsuccessful, it will be sent vi</b><br>6175426000<br>IPDocketingBOS@mintz.com                                                                                                                                                                                                      |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br>Correspondence will I<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:                                                                                                                                                                                    | DATA<br>be sent to<br>provideo                                | 15481143<br>(617)542-2241<br><b>o the e-mail address first; if that is unsuc</b><br><b>d; if that is unsuccessful, it will be sent vi</b><br>6175426000<br>IPDocketingBOS@mintz.com<br>MINTZ LEVIN                                                                                                                                                                                       |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br><i>Correspondence will I</i><br><i>using a fax number, if</i><br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:                                                                                                                                                   | DATA<br>be sent to<br>provideo                                | 15481143<br>(617)542-2241<br><b>b the e-mail address first; if that is unsuc</b><br><b>d; if that is unsuccessful, it will be sent vi</b><br>6175426000<br>IPDocketingBOS@mintz.com<br>MINTZ LEVIN<br>ONE FINANCIAL CENTER                                                                                                                                                               |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br>Correspondence will I<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:                                                                                                                                                                                    | DATA<br>be sent to<br>provideo                                | 15481143<br>(617)542-2241<br><b>o the e-mail address first; if that is unsuc</b><br><b>d; if that is unsuccessful, it will be sent vi</b><br>6175426000<br>IPDocketingBOS@mintz.com<br>MINTZ LEVIN                                                                                                                                                                                       |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br><i>Correspondence will I</i><br><i>using a fax number, if</i><br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET N                                                                                                           | DATA<br>be sent to<br>provided                                | 15481143<br>(617)542-2241<br>(617)542-2241<br>(617)542-2241<br>(617)5426000<br>IPDocketingBOS@mintz.com<br>MINTZ LEVIN<br>ONE FINANCIAL CENTER<br>BOSTON, MASSACHUSETTS 02111<br>(054160-511C01US)                                                                                                                                                                                       |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br>Correspondence will I<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:                                                                                                                                              | DATA<br>be sent to<br>provided                                | 15481143<br>(617)542-2241<br><b>o the e-mail address first; if that is unsuc</b><br><b>d; if that is unsuccessful, it will be sent vi</b><br>6175426000<br>IPDocketingBOS@mintz.com<br>MINTZ LEVIN<br>ONE FINANCIAL CENTER<br>BOSTON, MASSACHUSETTS 02111                                                                                                                                |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br><i>Correspondence will I</i><br><i>using a fax number, if</i><br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET N                                                                                                           | DATA<br>be sent to<br>provided                                | 15481143<br>(617)542-2241<br>(617)542-2241<br>(617)542-2241<br>(617)5426000<br>IPDocketingBOS@mintz.com<br>MINTZ LEVIN<br>ONE FINANCIAL CENTER<br>BOSTON, MASSACHUSETTS 02111<br>(054160-511C01US)                                                                                                                                                                                       |                |  |  |
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| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br>Correspondence will I<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET N<br>NAME OF SUBMITTER:<br>SIGNATURE:<br>DATE SIGNED:<br>Total Attachments: 8                          | DATA<br>be sent to<br>provided                                | 15481143<br>(617)542-2241<br><b>b the e-mail address first; if that is unsuc</b><br><b>d; if that is unsuccessful, it will be sent vi</b><br>6175426000<br>IPDocketingBOS@mintz.com<br>MINTZ LEVIN<br>ONE FINANCIAL CENTER<br>BOSTON, MASSACHUSETTS 02111<br>054160-511C01US<br>JOSHUA D. BERK<br>/Joshua Berk/                                                                          |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br>Correspondence will I<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET N<br>NAME OF SUBMITTER:<br>SIGNATURE:<br>DATE SIGNED:<br>Total Attachments: 8<br>source=Assignment#pag | DATA<br>be sent to<br>provided<br>UMBER:                      | 15481143<br>(617)542-2241<br><b>b the e-mail address first; if that is unsuc</b><br><b>d; if that is unsuccessful, it will be sent vi</b><br>6175426000<br>IPDocketingBOS@mintz.com<br>MINTZ LEVIN<br>ONE FINANCIAL CENTER<br>BOSTON, MASSACHUSETTS 02111<br>054160-511C01US<br>JOSHUA D. BERK<br>/Joshua Berk/                                                                          |                |  |  |
| Application Number:<br>CORRESPONDENCE<br>Fax Number:<br>Correspondence will I<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET N<br>NAME OF SUBMITTER:<br>SIGNATURE:<br>DATE SIGNED:<br>Total Attachments: 8                          | DATA<br>be sent to<br>provided<br>UMBER:<br>ue3.tif<br>e4.tif | 15481143<br>(617)542-2241<br><b>b the e-mail address first; if that is unsuc</b><br><b>d; if that is unsuccessful, it will be sent vi</b><br>6175426000<br>IPDocketingBOS@mintz.com<br>MINTZ LEVIN<br>ONE FINANCIAL CENTER<br>BOSTON, MASSACHUSETTS 02111<br>054160-511C01US<br>JOSHUA D. BERK<br>/Joshua Berk/                                                                          |                |  |  |

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For good and valuable consideration, receipt of which is hereby acknowledged, we, the undersigned, as inventors of certain inventions (hereafter, the "Inventions") for which we are making an application, as follows:

For Letters Patent of The United States of America; Entitled MOTORCYCLE BOOT; Filed on February 2, 2013 Assigned Application Serial Number 61760073; Identified by Attorney Docket No. FOX-2.017.PR of GANZLAW P.C., P.O. Box 2200, Hillsboro, Oregon 97123, (Hereinafter referred to as the "Patent Application")

hereby sell, assign, and transfer unto

Fox Head, Inc. Of 16752 Armstrong Avenue, Irvine, California 92606 a for-profit corporation incorporated under the laws of the State of California

as Assignee,

for its own use and benefit, and for its successors and assigns, the entire right, title and interest, for all countries, in and to: (a) the Inventions; (b) the Patent Application and all related patent rights; (c) any and all other provisional and non-provisional patent applications pertaining to said Inventions or the Patent Application (the "Other Applications"); (d) any and all patent applications claiming priority to the Patent Application and/or to the Other Applications, or from which the Patent Application or the Other Applications claim priority, including international and foreign application (collectively, the "Priority Applications"); (e) any and all continuing applications of the Patent Application, the Other Applications and the Priority Applications (the "Continuing Applications"); (f) any and all reissues, re-examinations and/or extensions relating to or of the Patent Application, the Other Applications or the Priority Applications, including, without limitation, any and all renewals of and/or substitutes thereof (collectively, the "Extensions"); and (g) any and all rights and privileges that may be issued, granted or otherwise arise from, in any country, any and all said Inventions (such rights and privileges including, without limitation, any and all patent rights, other protections arising from patent applications, and other proprietary rights). Hereinafter, any and all of the Patent Application, Other Applications, Priority Applications, Continuing Applications and rights arising therefrom are collectively referred to as "Patent Family Rights."

If the U.S. Serial Number and filing date are unknown at the time of execution of this Assignment, I/We authorize any attorney listed with GANZ LAW, P.C., USPTO Customer Number 022874, to insert where indicated above, the serial number and filing date of said application when known, and to make changes to the Attorney Docket No. listed herein.

Without limiting the generality of the foregoing, we request and agree that any and all patents under Patent Family Rights shall issue to said Assignee, or to its successors and assigns, or to such nominee(s) as Assignee may designate, as the sole owner of the entire

Page 1 of 5- ASSIGNMENT Attorney Docket No. FOX-2.017.PR

> PATENT REEL: 042603 FRAME: 0649

right, title and interest in and to any and all said patents and said inventions thereby patented. And we grant Assignee a limited power of attorney to execute documents on our behalf to give effect to this provision in case I am unavailable, deceased, incapacitated, or otherwise unable or unwilling to cooperate in the process of effecting a transfer of ownership, or recordation of ownership right(s) in the name of the Assignee.

We agree that, when requested, we will, without charge to said Assignee but at its expense, execute additional assignments and all other writings, make all declarations and take all oaths, and do all other acts which Assignee reasonably may deem necessary, desirable or convenient (i) for perfecting, securing, maintaining, asserting, and enforcing any and all patent applications and patents for, and other rights and privileges relating to, said inventions and Patent Family Rights in any and all countries and (ii) for vesting the entire right, title and interest therein and thereto solely in said Assignee, its successors and assigns, or such nominee(s) as Assignee may designate. We authorize and empower said Assignee, its successors and assigns, or such nominee(s) as Assignee may designate, to invoke and claim in any application in the Patent Family Rights, and in any and all other applications for patent or other form of protection for said inventions filed by or for it or them, the benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any treaty or convention which may henceforth be substituted for or be an alternative to the Convention, and to invoke and claim such right of priority without further written or oral authorization from us.

This Assignment grants said Assignee (or its successors and assigns, or nominee(s) as Assignee may designate) the sole right (a) to pursue in its own name any past, present, or future actions (including, without limitation, claims of infringement) based on any and all rights and privileges that may be issued, granted or otherwise arise from, or relate to, in any country, any and all said inventions (such rights and privileges including, without limitation, any and all patent rights, other protections arising from patent applications, and other proprietary rights) and (b) to exclusively retain any awards, settlements, or other remedies therefrom, as fully and as entirely as we would have had the right to pursue and to retain had this assignment and sale not been made.

We hereby consent that a copy of this Assignment shall be deemed a full legal and formal equivalent of any assignment, consent to file, or like document which may be required in any country for any purpose and, more particularly, in proof of the right of said Assignee (or its successors and assigns, or nominee(s) as Assignee may designate) to claim the aforesaid benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any treaty or convention which may henceforth be substituted for the Convention. We covenant, with said Assignee, its successors and assigns, that the rights and property herein conveyed are free and clear of any encumbrance, and that we have full right to convey the same as herein expressed.

We confirm that at the time the Inventions were made, we were under an obligation to assign said Inventions and all related patent rights to Assignee.

Page 2 of 5- ASSIGNMENT Attorney Docket No. FOX-2.017.PR

> PATENT REEL: 042603 FRAME: 0689

We agree that we will not execute any assignment, encumbrance or other writing, or do any other act, that conflicts (a) with this Assignment or (b) without limiting the generality of the foregoing, with any provision set forth herein.

IN WITNESS WHEREOF, we have hereunto signed our names on the day and year set forth below.

| Man auf e |  |
|-----------|--|
|           |  |

i ss

03/11/2013

On this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 2013, before me personally came \_\_\_\_\_\_ who is personally known by me or proved to me on the basis of satisfactory evidence to be the same individual who executed the foregoing assignment, and who acknowledged to me that he executed the same of his own free will for the use and purposes therein set forth.

| Notary Public for      |  |
|------------------------|--|
| My Commission Expires: |  |

ANDRE LEE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_ )
SS
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 2013, before me personally came who is personally known by me or proved to me on the basis of satisfactory evidence to be the same individual who executed the foregoing assignment, and who acknowledged to me that he executed the same of his own free will for the use and purposes therein set forth.

Netary Public for \_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_

Page 3 of 4– ASSIGNMENT Attorney Docket No. FOX-2.017.PR

IN WITNESS WHEREOF, we have hereunto signed our names on the day and year set forth below.

n-Anlee

2/21/2013

**HSIAN LEE** 

State of California,

County of

On \_\_\_\_\_\_, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, find that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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.

Signoture .....

Notary Public

(Seal)

### JON MUNNS

State of California.

County of \_\_\_\_\_.

On \_\_\_\_\_ before me. \_\_ of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon heball of which the person 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 seaf.

Signature \_\_\_\_\_

Notary Public

(Seal)

.....

Page 4 of 5- ASSIGNMENT Attorney Docket No. FOX-2.017,PR

> PATENT REEL: 042603 FRAME: 0682

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| State of California                                                                                                                                                                                                  | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of <u>Drange</u>                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| On 2-21-13 before me, 12                                                                                                                                                                                             | 201 Kay Monk, Pablic, Notary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| personally appeared <u>451a</u> 0                                                                                                                                                                                    | S. C. Prod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                      | 68478(3) of Signal (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Daniel V.NV Ballin<br>Commission & 19877791<br>Natury Public - California<br>Orange Causes<br>My Comm. Explore New 10, 2018                                                                                          | who proved to me on the basis of satisfacto<br>evidence to be the person(s) whose name(s) is/a<br>subscribed to the within instrument and acknowledge<br>to me that he/she/they executed the same<br>his/her/their authorized capacity(iss), and that t<br>his/her/their signature(s) on the instrument if<br>person(s), or the entity upon behalf of which th<br>person(s) acted, executed the instrument.<br>I certify under PENALTY OF PERJURY under the<br>laws of the State of California that the foregoin<br>paragraph is true and correct. |
| Place Paris (1931) Active                                                                                                                                                                                            | Signature ALL Kay MARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Through the information below is not required by<br>and could prevent fraudulent remova                                                                                                                              | TIONAL decument of this form to another document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Description of Atlached Document                                                                                                                                                                                     | teres and a l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                      | xyment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Document Date: 2-21-13                                                                                                                                                                                               | Number of Pages:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Signer(s) Other Than Named Above:                                                                                                                                                                                    | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Capacity(ies) Claimed by Signer(s)                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signer's Name:                                                                                                                                                                                                       | Signer's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Corporate Officer Title(s):                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 🗇 (ndividual 👘 👘 👘 👘                                                                                                                                                                                                 | 🔆 Individual 🛛 👘 🖓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| B Pather - D Limited D General Topologies and                                                                                                                                                                        | 1979 C Partner - C Limited C General Top of stand free                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Attorney in Fact                                                                                                                                                                                                     | C Attorney in Fact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 🔆 Trustee                                                                                                                                                                                                            | C Trustee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Cuardian or Conservator                                                                                                                                                                                              | C Quardian or Conservator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                      | Ciher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Other                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Other:                                                                                                                                                                                                               | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Signer's Name:<br>Corporate Officer Titla(s):<br>Individual<br>Partner CLimited Cligeneral<br>Aftorney in Fact<br>Trustee<br>Guardian or Conservator<br>Other:<br>Digner is Representing:<br>Signer is Representing: | Signer is Representing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

IN WITNESS WHEREOF, we have hereunto signed our names on the day and year set forth below.

| $\langle n \rangle$ | Care and an and a construction of the construc | 2/9/13                                                                                                       |
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| JON MUNNS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |
| STATE OF            | 3 88                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |
| On this             | day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2013, before me personally came<br>ally known by me or proved to me on the basis of satisfactory evidence to |
|                     | ual who executed the fo<br>a will for the use and pur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | regoing assignment, and who acknowledged to me that he executed the                                          |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notary Public for                                                                                            |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | My Commission Expires:                                                                                       |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | My Commission Expires:                                                                                       |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | My Commission Expires:                                                                                       |
| ROBB CROPP          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | My Commission Expires:                                                                                       |
| ROBB CROPP          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | My Commission Expires:                                                                                       |
| ROBB CROPP          | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | My Commission Expires:                                                                                       |
|                     | ) ss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | My Commission Expires:                                                                                       |

Notary Public for \_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Page 4 of 4- ASSIGNMENT Atomey Docket No. FOX-2.017.PR

IN WITNESS WHEREOF, we have hereunto signed our names on the day and year set forth below.

ROS

2-21-13

State of California,

County

On \_\_\_\_\_\_\_ before me, \_\_\_\_\_\_, personally appeared \_\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon ....., who proved to me on the basis behalf of which the person acted, executed the instrument

I certify under PENALTY OF PERJURY under the laws of the State of California dust the foregoing paragraph is true and connect

WITNESS my hand and official seal.

Signature \_\_\_\_\_\_\_Notary Public .....

(Seal)

Page 5 of 5- ASSIGNMENT Attorney Docket No. FOX 2.017.PR

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| State of California                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of Orange                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| on <u>2-21-13</u> before me, Da                                                                                        | ni Kay Mork Riblic Notary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| personally appeared Robert                                                                                             | Garrett Cropp, Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| DAMI KAY MOIN<br>Commission # 1997701<br>Netary Public - Castilornia<br>Orange County<br>by Comm. Explore Nov 10, 2016 | <ul> <li>who proved to me on the basis of satisfactor, evidence to be the person(s) whose name(s) is/arc 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.</li> <li>I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing</li> </ul> |
|                                                                                                                        | paragraph is true and correct.<br>WITNESS my hand and official seal.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| First Nithery Seel Advice                                                                                              | Signature: Signature of North Control Text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Though the information below is not required by                                                                        | law, it may nove velocitle in persons relation on the document                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Description of Attached Document                                                                                       | and theffactument of this form to enother document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Title or Type of Document:                                                                                             | ment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Document Date: 2-21-13                                                                                                 | Number of Pages:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signer(s) Other Than Named Above.                                                                                      | <b>-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Cananituliant Claimad by Clamada                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signer's Name:                                                                                                         | Signer's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Corporate Officer - Title(s):                                                                                          | Corparate Officer - Title(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Individual                                                                                                             | III Individual IIII Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Partner — El Limited () General ( Vaparitiento 6                                                                       | ere Partner El Limited El General (Dz. cf. basis), teres                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Attorney in Fact                                                                                                       | Attomay in Fact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Trustee                                                                                                                | C Trustee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Guardian or Conservator                                                                                                | Guardian or Conservator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| C Other:                                                                                                               | Dther:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signer is Representing:                                                                                                | Signer's Name:<br>Corporate Officer — Title(s).<br>Individual<br>Partner — C Limited C General<br>Attorney in Fact<br>Trustee<br>Guardien or Conservator<br>Other:<br>Signer la Representing:                                                                                                                                                                                                                                                                                                                                  |
| -                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### PATENT REEL: 042603 FRAME: 0686

## RECORDED: 02/28/2018