

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5260129

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|---|-------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | ASSIGNMENT |
| CONVEYING PARTY DATA | |
| Name | Execution Date |
| DAVID E. JOSLIN | 05/04/2006 |
| RECEIVING PARTY DATA | |
| Name: | THE BOEING COMPANY |
| Street Address: | 100 NORTH RIVERSIDE |
| City: | CHICAGO |
| State/Country: | ILLINOIS |
| Postal Code: | 60606 |
| PROPERTY NUMBERS Total: 1 | |
| Property Type | Number |
| Application Number: | 16057419 |
| CORRESPONDENCE DATA | |
| Fax Number: | (310)641-8798 |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i> | |
| Phone: | (310) 641-8797 |
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| Correspondent Name: | GATES & COOPER LLP |
| Address Line 1: | 6060 CENTER DRIVE |
| Address Line 2: | SUITE 830 |
| Address Line 4: | LOS ANGELES, CALIFORNIA 90045 |
| ATTORNEY DOCKET NUMBER: | 05-0319-US-CNT |
| NAME OF SUBMITTER: | GEORGE H. GATES |
| SIGNATURE: | /George H. Gates/ |
| DATE SIGNED: | 11/30/2018 |
| Total Attachments: 3 | |
| source=Assignment by Joslin revised for continuation#page1.tif | |
| source=Assignment by Joslin revised for continuation#page2.tif | |
| source=Assignment by Joslin revised for continuation#page3.tif | |

ASSIGNMENT

WHEREAS, Christopher M. Fetzner, Dmitri D. Krut, David E. Joslin, and Richard R. King (hereinafter "Assignor(s)"), made certain new and useful inventions and improvements which are entitled REDUCED BAND GAP ABSORBER FOR SOLAR CELLS and which are disclosed in:

U.S. Application 16/057,419 filed on August 7, 2018, with and listing the above named person(s) as inventor(s)

AND WHEREAS, The Boeing Company, a Delaware corporation having a principal place of business at 100 North Riverside, Chicago, Illinois 60606 (hereinafter "Assignee") is desirous of acquiring the entire right, title and interest in and to said inventions, improvements and application and in and to the Letters Patent to be obtained therefor;

NOW THEREFORE, to all whom it may concern, be it known that for and in consideration of the sum of One Dollar and other good and valuable considerations, the receipt and sufficiency whereof is hereby acknowledged, Assignor(s) have sold, assigned, and transferred, and by these presents do sell, assign and transfer unto said Assignee, its successors or assigns, the entire right, title and interest for all countries in and to all inventions and improvements disclosed in the aforesaid application, and in and to the application, all divisions, continuations, or renewals thereof, all Letters Patent which may be granted therefrom, and all reissues or extensions of such patents, and in and to any and all applications which have been or shall be filed in any foreign countries for Letters Patent on the inventions and improvements, including an assignment of all rights under the provisions of the International Convention, and all Letters Patent of foreign countries which may be granted therefrom; and do hereby authorize and request the Commissioner for Patents to issue any and all United States Letters Patent for the aforesaid inventions and improvements to the Assignee as the assignee of the entire right, title and interest in and to the same, for the use of the Assignee, its successors and assigns.

AND, for the consideration aforesaid, Assignor(s) do hereby agree that they and their executors and legal representatives will make, execute and deliver any and all other instruments in writing including any and all further application papers, affidavits, assignments and other documents, and will communicate to said Assignee, its successors and representatives all facts known to Assignor(s) relating to said improvements and the history thereof and will testify in all legal

(G&C 147.172-US-01)

proceedings and generally do all things which may be necessary or desirable more effectually to secure to and vest in said Assignee, its successors or assigns the entire right, title and interest in and to the improvements, inventions, applications, Letters Patent, rights, titles, benefits, privileges and advantages hereby sold, assigned and conveyed, or intended so to be.

AND, furthermore Assignor(s) covenant and agree with said Assignee, its successors and assigns, that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by Assignor(s) and that full right to convey the same as herein expressed is possessed by Assignor(s). An attorney of record is authorized and requested by the execution of this assignment to insert into this assignment the filing date and serial number of said application when officially known.

Date: _____

Signature: _____

Name: Christopher M. Fetzer

Date: _____

Signature: _____

Name: Dmitri D. Krut

Date: 5-4-2006

Signature: _____

Name: David E. Joslin

*Sara E. Joslin on behalf of
David E. Joslin*

Date: _____

Signature: _____

Name: Richard R. King

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/04)

| | | | |
|---|--|--|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT — FIRST (Given) DAVID | | 3. LAST (Family) JOSLIN | |
| 2. MIDDLE EMMETT | | 6. SEX MALE | |
| AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy 05/06/1944 | 5. AGE Yrs. 61 |
| 9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA | | 10. SOCIAL SECURITY NUMBER 573-64-8549 | 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK |
| 12. MARITAL STATUS (at Time of Death) MARRIED | | 7. DATE OF DEATH mm/dd/yyyy 12/10/2005 | 8. HOUR (24 Hours) 1730 |
| 13. EDUCATION — Highest Level Degree (see worksheet on back) MASTER'S | | 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) CAUCASIAN | | 17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED ENGINEER | |
| 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE | | 19. YEARS IN OCCUPATION 25 | |
| 20. DECEDENT'S RESIDENCE (Street and number or location) 12352 HARTSOOK STREET | | | |
| 21. CITY VALLEY VILLAGE | | 22. COUNTY/PROVINCE LOS ANGELES | 23. ZIP CODE 91607 |
| 24. YEARS IN COUNTY 61 | | 25. STATE/FOREIGN COUNTRY CALIFORNIA | |
| 26. INFORMANT'S NAME, RELATIONSHIP SARA JOSLIN, WIFE | | 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 12352 HARTSOOK STREET, VALLEY VILLAGE, CA 91607 | |
| 28. NAME OF SURVIVING SPOUSE — FIRST SARA | | 29. MIDDLE - | 30. LAST (Maiden Name) SHEARER |
| 31. NAME OF FATHER — FIRST ROBERT | | 32. MIDDLE - | 33. LAST JOSLIN |
| 34. BIRTH STATE WYOMING | | 35. NAME OF MOTHER — FIRST ANITA | |
| 36. MIDDLE - | | 37. LAST (Maiden) CHEESMAN | 38. BIRTH STATE TEXAS |
| 39. DISPOSITION DATE mm/dd/yyyy 12/19/2005 | | 40. PLACE OF FINAL DISPOSITION RES, SARA JOSLIN 12352 HARTSOOK STREET, VALLEY VILLAGE, CA 91607 | |
| 41. TYPE OF DISPOSITION(S) CR/RES | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | |
| 43. LICENSE NUMBER - | | 44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY S.O. | |
| 45. LICENSE NUMBER FD-1359 | | 46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas L. Gaudin</i> | |
| 47. DATE mm/dd/yyyy 12/19/2005 | | 48. SIGNATURE OF LOCAL REGISTRAR <i>MS</i> | |
| 101. PLACE OF DEATH RESIDENCE | | | |
| 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE | |
| 104. COUNTY LOS ANGELES | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 12352 HARTSOOK STREET | |
| 106. CITY VALLEY VILLAGE | | 107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. CARDIORESPIRATORY ARREST | |
| 108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO | | 113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 12/03/2005 12/10/2005 | | 115. SIGNATURE AND TITLE OF CERTIFIER <i>Thomas L. Gaudin</i> | |
| 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ARTHUR VALLES, MD 2209 SAN FERNANDO ROAD, LOS ANGELES, CA 90065 | | 118. LICENSE NUMBER A40329 | 117. DATE mm/dd/yyyy 12/19/2005 |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| 121. INJURY DATE mm/dd/yyyy | | | |
| 122. HOUR (24 Hours) | | | |
| 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | | |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | |
| 125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) | | | |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER | | 127. DATE mm/dd/yyyy | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER |
| STATE REGISTRAR | | A B C D E | FAX AUTH. # 195/3156 |
| | | | CENSUS TRACT * HD0146095 * |

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Thomas L. Gaudin

245 DEC 20 2005
DATE ISSUED

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

PATENT

RECORDED: 11/30/2016

REEL: 047635 FRAME: 0366

