505539146 06/21/2019

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5585943

| SUBMISSION TYPE: | | | NEW ASSIGNMENT | | | | | | |
|---|--------------------------------|---|--|--------|----------|----------|----------------|--|--|
| NATURE OF CONVEYANCE: | | | SECURITY INTEREST | | | | | | |
| ONVEYING PARTY D | ΑΤΑ | | | | | | | | |
| | | Name | | | | Execu | Execution Date | | |
| DAVID VAZQUEZ | | | | | | 01/04/20 | 01/04/2019 | | |
| | | | | | | | | | |
| RECEIVING PARTY DA Name: | | | NS, OLSON & BEAR, | | | | | | |
| Street Address: | _ | IAIN STREE | | , LLГ | | | | | |
| Internal Address: | 14TH F | _ | .1 | | | | | | |
| City: | IRVINE | | | | | | | | |
| State/Country: | | - | | | | | | | |
| Postal Code: | 92614 | | | | | | | | |
| | 92014 | | | | | | | | |
| PROPERTY NUMBERS | 5 Total: 2 | | | | | | | | |
| Property Type | | | Number | | | | | | |
| Property Type Patent Number: | | 8281818 | Number | | | | | | |
| Patent Number: | | 8281818 15728377 | Number | | | | | | |
| Patent Number: | | 8281818 15728377 | Number | | | | | | |
| Patent Number: Application Number: | | | Number | | | | | | |
| Patent Number: Application Number: CORRESPONDENCE D | DATA | | | | | | | | |
| Patent Number: Application Number: CORRESPONDENCE D Fax Number: Correspondence will b | DATA be sent to | 15728377 (949)760-95 (949)760-95 | 502 address first; if that | | | | e sent | | |
| Patent Number: Application Number: CORRESPONDENCE D Fax Number: Correspondence will b using a fax number, if | DATA be sent to provided | 15728377 (949)760-95 o the e-mail l; if that is u | 502 address first; if that insuccessful, it will | | | | e sent | | |
| Patent Number: Application Number: CORRESPONDENCE E Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: | DATA be sent to provided | 15728377 (949)760-95 o the e-mail d; if that is u (949) 760-0- | 502 address first; if that insuccessful, it will | | | | e sent | | |
| Patent Number: Application Number: CORRESPONDENCE E Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: Email: | DATA be sent to provided | (949)760-95 <i>the e-mail</i> <i>if that is u</i> (949) 760-04 MICHELL.D | 502 address first; if that insuccessful, it will 404 | be sen | t via US | | e sent | | |
| Patent Number: Application Number: CORRESPONDENCE D Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: Email: Correspondent Name: | DATA be sent to provided | (949)760-95 <i>the e-mail</i> <i>if that is u</i> (949) 760-04 MICHELL.D | 502 address first; if that insuccessful, it will 404 O@KNOBBE.COM IARTENS, OLSON & | be sen | t via US | | e sent | | |
| Patent Number: Application Number: CORRESPONDENCE D Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 2: | DATA be sent to provided | 15728377 (949)760-95 5 the e-mail 5; if that is u (949) 760-04 MICHELL.D KNOBBE, M 2040 MAIN 14TH FLOC | 502 address first; if that insuccessful, it will 404 90@KNOBBE.COM 1ARTENS, OLSON & STREET 9R | be sen | t via US | | e sent | | |
| Patent Number: Application Number: CORRESPONDENCE D Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 2: | DATA be sent to provided | 15728377 (949)760-95 5 the e-mail 5; if that is u (949) 760-04 MICHELL.D KNOBBE, M 2040 MAIN 14TH FLOC | 502 address first; if that insuccessful, it will 404 O@KNOBBE.COM MARTENS, OLSON & STREET | be sen | t via US | | e sent | | |
| Patent Number: Application Number: CORRESPONDENCE D Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 4: | DATA be sent to provided | (949)760-95 <i>the e-mail</i> <i>if that is u</i> (949) 760-04 MICHELL.D KNOBBE, M 2040 MAIN 14TH FLOC IRVINE, CA | 502 address first; if that insuccessful, it will 404 90@KNOBBE.COM 1ARTENS, OLSON & STREET 9R | be sen | t via US | | e sent | | |
| Patent Number: Application Number: CORRESPONDENCE D Fax Number: Correspondence will b using a fax number, if Phone: Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 4: | DATA be sent to provided | 15728377 (949)760-95 5 the e-mail (949) 760-04 MICHELL.D KNOBBE, M 2040 MAIN 14TH FLOC IRVINE, CA | 502 address first; if that insuccessful, it will 404 O@KNOBBE.COM MARTENS, OLSON & STREET PR LIFORNIA 92614 | be sen | t via US | | e sent | | |
| Patent Number: Application Number: CORRESPONDENCE E Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: | DATA be sent to provided | 15728377 (949)760-95 5 the e-mail d; if that is u (949) 760-04 MICHELL.D KNOBBE, M 2040 MAIN 14TH FLOC IRVINE, CA DVAZ STEV | 502 address first; if that insuccessful, it will 404 O@KNOBBE.COM IARTENS, OLSON & STREET PR LIFORNIA 92614 ZQ.UCC1 | be sen | t via US | | e sent | | |

source=2019-01-04 Recorded UCC1 Lien (CA) - DVAZQ#page2.tif

UCC FINANCING STATEMENT

| F | 0 | | \mathbf{O} | w. | INC | трн | ст | IONS | |
|---|---|----|--------------|-----|------|-----|------------|------|--|
| г | v | ււ | -0 | vv. | UN O | IRU | U I | CINO | |

| A. N N | AME & PHONE OF CONTACT AT FILER (optional) AICHELL T DO | | | | | | | |
|---|---|--|--------------------------------------|-------------------------------|-------------------------------------|---------------------|--|--|
| ``` | 949) 760-0404 -MAIL CONTACT AT FILER (optional) | | | | | | | |
| k 2 1 | END ACKNOWLEDGMENT TO: (Name and Address) Knobbe, Martens, Olson & Bear, LLP 040 Main Street, 14th Floor rvine, CA 92614 JSA | DOCUMENT NUMBER: 75856010002 FILING NUMBER: 19-7690500380 FILING DATE: 01/04/2019 18:06 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY | | | | | | |
| | EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name; do n I line 1b, leave all of item 1 blank, check hereand provide the Individual Debtor informa | | | | | s name will not fit | | |
| " OR | 1a. ORGANIZATION'S NAME | | g Statement Addendu | | | | | |
| | 16. INDIVIDUAL'S SURNAME Vazquez | FIRST PERSONAL NAME David | | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX | | |
| | iailing address 37 Avena Way | сіту San Jacinto | | state CA | POSTAL CODE 92582 | country USA | | |
| | EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do n I line 2b, leave all of item 2 blank, check hereand provide the Individual Debtor informa | | | | | s name will not fit | | |
| | 2a. ORGANIZATION'S NAME | | | | | | | |
| OR | 25. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) | | | | |
| 2c. N | AAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY | | |
| 3. S | ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PA | RTY): Provide only <u>one</u> Secure | ed Party name (3a or | 3b) | | | | |
| 32. ORGANIZATION'S NAME Knobbe, Martens, Olson & Bear, LLP | | | | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | | | SUFFIX | | |
| | iailing address 10 Main St., 14th Floor | city Irvine | | state CA | POSTAL CODE 92614 | country USA | | |
| 4. COLLATERAL: This financing statement covers the following collateral: All of debtor's intellectual property that is or has ever been the subject of secured party's representation, any recoveries from litigation involving such intellectual property, including, without limitation, any judgments, amounts paid in settlement, insurance proceeds and any awards of attorneys' fees and costs, and any other proceeds of such intellectual property, including, but not limited to, the property described below. US Patent & Patent Applications Patent No.8281818 Date Issued:10/09/2012 Title of Invention: SYSTEMS AND METHODS FOR GAUGING AND CONTROLLING FLUIDS AND GASES FROM PIPES AND ORIFICES | | | | | | | | |
| 5. C | neck <u>only</u> if applicable and check <u>only</u> one box: Collateral is ; held in a Trust (see UCC1. | Ad, item 17 and instructions) | being administe | red by a Dec | edent's Personal Representativ | e | | |
| 6a. (| Check <u>only</u> if applicable and check <u>only</u> one box: | | 6b. Check | only if applic | able and check <u>only</u> one box: | | | |
| Ĩ | Public-Finance Transaction Manufactured-Home Transaction A Debtor is a | 8 | cultural Lien | Non-UCC Filing | | | | |
| 7. AI | TERNATIVE DESIGNATION (if applicable): | signor Seller/Buyer | Bailee/Bailor | Licensee/Li | censor | | | |
| | PTIONAL FILER REFERENCE DATA: 7AZQ | | | | | | | |

FILING OFFICE COPY

UCC FINANCING STATEMENT ADDENDUM

| FOLL | OW INSTRUCTIONS | | | | | | | |
|---|---|-----------------------|---|--------------------------------------|--------------|--------------------------------|-------------------|--|
| | AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left | | | | | | | |
| | 9a, ORGANIZATION'S NAME | | | | | | | |
| 0.0 | 96. INDIVIDUAL'S SURNAME | | | | | | | |
| OR | Vazquez First personal name | | | | | | | |
| | David | | DOCUMENT NUMBER: 75856010002 | | | | | |
| | ADDITIONAL NAME(S)/INTITAL(S) | SUFFIX | IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY | | | | | |
| 10. [m | DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or Debtor na loodify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10 | ame that)c | did not fit in line 1b or | 2b of the Financing Si | atement (Fo | rm UCC1) (use exact, full name | e; do not omit, | |
| | 10a. ORGANIZATION'S NAME | | | | | | | |
| | 10b. INDIVIDUAL'S SURNAME | | | | | | | |
| OR | INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | | SUFFIX | |
| 10c. | MAILING ADDRESS | | STATE | POSTAL CODE | COUNTRY | | | |
| 11. ADDITIONAL SECURED PARTY'S NAME or CASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) | | | | | | | | |
| 11a. ORGANIZATION'S NAME | | | | | | | | |
| | 11b. INDIVIDUAL'S SURNAME | PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | | SUFFIX | | |
| 11c. | MAILING ADDRESS | | | STATE | POSTAL CODE | COUNTRY | | |
| 12. / | 12. ADDITIONAL SPACE FOR ITEM 4 (collateral): | | | | | | | |
| Application No.15/728377 Filing Date:10/09/2017 Title of Invention: AUTOMATED DWELLING CONTROL SYSTEM | | | | | | | | |
| | | | | | | | | |
| 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) | | | 14. This FINANCING | | ers as-extra | cted collateral | a fixture filing. | |
| | Name and address of RECORD OWNER of real estate described in item 16 (if Debtor oes not have a record interest): | 16. Description of re | eal estate: | | | | | |
| 17. I | MISCELLANEOUS: | | | | | | | |

FILING OFFICE COPY

RECORDED: 06/21/2019