

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5771822

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|---|---------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | ASSIGNMENT |
| CONVEYING PARTY DATA | |
| Name | Execution Date |
| PETER J. WINZER | 01/09/2019 |
| RONEN DAR | 01/16/2019 |
| SZILARD ZSIGMOND | 01/04/2019 |
| RECEIVING PARTY DATA | |
| Name: | NOKIA OF AMERICA CORPORATION |
| Street Address: | 600-700 MOUNTAIN AVENUE |
| City: | MURRAY HILL |
| State/Country: | NEW JERSEY |
| Postal Code: | 07974-0636 |
| PROPERTY NUMBERS Total: 2 | |
| Property Type | Number |
| Application Number: | 16223564 |
| Application Number: | 62607999 |
| CORRESPONDENCE DATA | |
| Fax Number: | (215)557-8477 |
| <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: | 215-557-6656 |
| Email: | amy@mendelip.com, Nokia.ipr@nokia.com |
| Correspondent Name: | STEVE MENDELSON |
| Address Line 1: | MENDELSON DUNLEAVY, P.C. |
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| Address Line 4: | PHILADELPHIA, PENNSYLVANIA 19102 |
| ATTORNEY DOCKET NUMBER: | NC104501-US-NP |
| NAME OF SUBMITTER: | YURI GRUZDKOV |
| SIGNATURE: | /Yuri Gruzdkov/ |
| DATE SIGNED: | 10/16/2019 |
| Total Attachments: 4 | |
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ASSIGNMENT - WORLDWIDE

ASSIGNOR(S)

Peter J. Winzer, Aberdeen, New Jersey, United States of America**Ronen Dar**, Hoboken, New Jersey, United States of America**Szilard Zsigmond**, New Providence, New Jersey, United States of America

ASSIGNEE

Nokia of America Corporation

600-700 Mountain Avenue, Murray Hill, New Jersey 07974-0636, USA

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the ASSIGNOR(S) agree to assign and hereby assign, sell, transfer and set over to the ASSIGNEE and its successors, assigns and legal representatives, the entire right, title and interest, for United States of America and for all other countries in and to (1) the invention(s) identified by the following title or application number and filing date, and (2) any and all related inventions ("RELATED INVENTIONS" as defined below).

Title: **AMPLIFIED OPTICAL LINK HAVING A FAULT-PROTECTION CAPABILITY**

Application number: **62/607999** Filing date: **2017-12-20**
(YYYY-MM-DD)

I/we, the ASSIGNOR(S), hereby authorize and request a representative of the ASSIGNEE to insert the application number and filing date when known/received, after the execution of this document. The ASSIGNOR(S) hereby acknowledge and agree that the ASSIGNEE shall have the right to claim priority, directly or through another patent application, to the application identified above in any and all related patent applications subsequently filed in all jurisdictions.

I/we the ASSIGNOR(S) hereby acknowledge and agree that RELATED INVENTIONS include all national, regional and international patent applications filed and to be filed in any and all jurisdictions, that claim priority to the invention(s) identified by the above title or application number and filing date, said patent applications include all divisionals, continuations, re-issues, re-examinations, and continuations-in-part applications, and RELATED INVENTIONS include all rights and privileges in said patent applications and under any and all letters patent that may be granted in the United States of America and in all other countries resulting from said patent applications.


The ASSIGNOR(S) authorize the ASSIGNEE to make applications for such protection in its own name and maintain such protection in any and all countries including the United States of America, and to invoke and claim for any application for patent or other form of protection for said invention(s), without further authorization from us, any and all benefits, including the rights of priority provided by any and all treaties, conventions, or agreements.

The ASSIGNOR(S) hereby consent that a copy of this assignment shall be deemed a full legal and formal equivalent of any document which may be required in any country in proof of the right of the ASSIGNEE to apply for patent or other form of protection for said invention(s) and to claim the aforesaid benefit of the right of priority.

The ASSIGNOR(S) request that any and all patents for said invention(s) be issued to the ASSIGNEE, its/their successors, assigns and legal representatives, in the United States of America and in all other countries, or to such nominees as the ASSIGNEE may designate.

The ASSIGNOR(S) agree that, when requested, we shall, without charge to the ASSIGNEE sign all papers, and do all acts which may be necessary, desirable or convenient in connection with said applications, patents, or other forms of protection.

In witness whereof, each inventor/assignor please sign and date below:

| Inventor (First Middle LAST) | Signature | Date (YYYY-MM-DD) |
|------------------------------|--|-------------------|
| <u>Peter J. Winzer</u> | <u></u> | <u>2019-01-09</u> |
| <u>Ronen Dar</u> | _____ | _____ |
| <u>Szilard Zsigmond</u> | _____ | _____ |

This assignment should preferably be signed by the inventor(s) before (a) at least two witnesses who also sign here, or (b) a Notary Public if within the U.S.A.:

| Witness Name (First Middle LAST) | Signature | Date (YYYY-MM-DD) |
|----------------------------------|---|-------------------|
| <u>Patricia A. Tier</u> | <u></u> | <u>2019-01-09</u> |
| <u>Dwaine K. Slott</u> | <u></u> | <u>2019-01-09</u> |

The ASSIGNEE accepts this assignment:

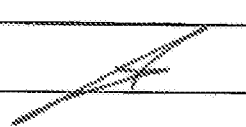
| | |
|-------------|-------------------------|
| Name _____ | Signature _____ |
| Title _____ | Date (YYYY-MM-DD) _____ |
| Name _____ | Signature _____ |
| Title _____ | Date (YYYY-MM-DD) _____ |

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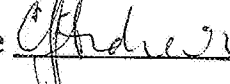
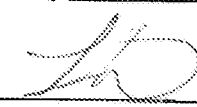
In witness whereof, each inventor/assignor please sign and date below:

| Inventor (First Middle LAST) | Signature | Date (YYYY-MM-DD) |
|------------------------------|--|-------------------|
| <u>Peter J. Winzer</u> | _____ | _____ |
| <u>Ronen Dar</u> |  | <u>2019-01-16</u> |
| <u>Szilard Zsigmond</u> | _____ | _____ |

This assignment should preferably be signed by the inventor(s) before (a) at least two witnesses who also sign here, or (b) a Notary Public if within the U.S.A.:

| Witness Name (First Middle LAST) | Signature | Date (YYYY-MM-DD) |
|----------------------------------|--|-------------------|
| <u>Micha Anhalt</u> |  | <u>2019-01-16</u> |
| <u>Gil Cohen</u> |  | <u>2019-01-16</u> |

The ASSIGNEE accepts this assignment:

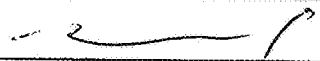
| | |
|---|---|
| Name <u>Claire Andrews</u> | Signature  |
| Title <u>Head of Technology Area, Patenting</u> | Date (YYYY-MM-DD) <u>FEB 12 2019</u> |
| Name <u>Louis Diep</u> | Signature  |
| Title <u>Director, Filing & Prosecution Admin</u> | Date (YYYY-MM-DD) <u>FEB 12 2019</u> |

The ASSIGNOR(S) hereby consent that a copy of this assignment shall be deemed a full legal and formal equivalent of any document which may be required in any country in proof of the right of the ASSIGNEE to apply for patent or other form of protection for said invention(s) and to claim the aforesaid benefit of the right of priority.

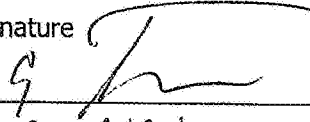
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In witness whereof, each inventor/assignor please sign and date below:

| Inventor (First Middle LAST) | Signature | Date (YYYY-MM-DD) |
|------------------------------|---|-------------------|
| <u>Peter J. Winzer</u> | _____ | _____ |
| <u>Ronen Dar</u> | _____ | _____ |
| <u>Szilard Zsigmond</u> |  | <u>01/14/2019</u> |

This assignment should preferably be signed by the inventor(s) before (a) at least two witnesses who also sign here, or (b) a Notary Public if within the U.S.A.:

| Witness Name (First Middle LAST) | Signature | Date (YYYY-MM-DD) |
|----------------------------------|--|-------------------|
| <u>CRAIG A. TANIS</u> |  | <u>1/4/19</u> |
| <u>Bradley A. McKay</u> | <u>Brad McKay</u> | <u>1/4/19</u> |

The ASSIGNEE accepts this assignment:

| | |
|-------------|-------------------------|
| Name _____ | Signature _____ |
| Title _____ | Date (YYYY-MM-DD) _____ |
| Name _____ | Signature _____ |
| Title _____ | Date (YYYY-MM-DD) _____ |