505727844 10/17/2019

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

SUBMISSION TYPE: NEW ASSIGNMENT

EPAS ID: PAT5774655

| SUBMISSION TYPE: | NEW ASSIGNMENT |
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| NATURE OF CONVEYANCE: | ASSIGNMENT |

CONVEYING PARTY DATA

| Name | Execution Date |
|------------------|----------------|
| MILOS BALJOZOVIC | 03/05/2018 |
| RARES I. COMSA | 03/05/2018 |
| FLAVIU V. DINCA | 03/27/2018 |

RECEIVING PARTY DATA

| Name: | LITENS AUTOMOTIVE PARTNERSHIP |
|-----------------|-------------------------------|
| Street Address: | 730 ROWNTREE DAIRY RD. |
| City: | WOODBRIDGE |
| State/Country: | CANADA |
| Postal Code: | L4L 5T7 |

PROPERTY NUMBERS Total: 1

| Property Type | Number |
|---------------------|----------|
| Application Number: | 16605971 |

CORRESPONDENCE DATA

Fax Number: (416)981-3366

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.

Phone: 416-363-2775

Email: info@millmanip.com
Correspondent Name: MILLMAN IP INC.

Address Line 1: 401 BAY ST., SUITE 2108

Address Line 2: BOX 60

Address Line 4: TORONTO, CANADA M5H 2Y4

| ATTORNEY DOCKET NUMBER: | 710970US-LIT-293 |
|-------------------------|------------------|
| NAME OF SUBMITTER: | KIM SHOYAMA |
| SIGNATURE: | /KIMSHOYAMA/ |
| DATE SIGNED: | 10/17/2019 |

Total Attachments: 3

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PATENT 505727844 REEL: 050749 FRAME: 0496

| ASSIGNMENT DOCUMENT | REFERENCE No. | 710970 |
|---|--|-----------------------------|
| WHEREAS: | | |
| BALJOZOVIC, Miles, a Canadian Citizen, whose p 300 Balliol Street #413, Toronto, Ontario, M4S 3G6, Ca | | |
| COMSA, Rures I., a Canadian Citizen, whose post of 34 Keffer Circle, Newmarket, Ontario, L3X 1R7, Canada | | |
| DINCA, Flaviu V., a Canadian Citizen, whose post of 12 Kimono Cresent, Richmond Hill, Ontario, L4S 1X5, C | | |
| 4. LINSERT NAME #4 HERE [., a xx Citizen, whose p | oost office address is: | |
| 5. IINSERT NAME # 5 HERE In a xx Citizen, whose p | oost office address is: | |
| 6. [INSERT NAME#6 HERE], a xx Citizen, whose p | oost office address is: | |
| 7. [INSERT NAME #7 HERE]., a xx Citizen, whose p | ost office address is: | |
| 8. [INSERT NAME # 8 HERE], a xx Citizen, whose p | ost office address is: | |
| (referred to herein individually as an "Inventor" and, where n invented a certain new and useful invention relating to: | nore than one inventor, collectively a | s the "Inventors") has/have |

TIMING BELT TENSIONER WITH IMPROVED CONSTRUCTION

(TITLE of INVENTION)

for which a Patent Application has been filed in the United States Patent Office on April 28, 2017 as Application No. 62/491,469 and filed in the United States Patent Office on October 4, 2017 as Application No. 62/568,097.

AND WHEREAS, LITENS AUTOMOTIVE PARTNERSHIP, a legal entity, established under the laws of Ontario, Canada having a place of business at 730 Rowntree Dairy Road, Woodbridge, Ontario, L4L 5T9, CANADA, (the "Assignee") is desirous of acquiring the entire and exclusive right, title and interest in and to the said invention, said patent application and in and to any Letters Patent which may be granted and issued therefor in Canada, the United States of America and throughout the world;

NOW THEREFORE, in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, the Inventor does hereby sell, assign and transfer to the Assignee its successors and assigns, the Inventor's entire and exclusive right, title and interest in and to said invention, said patent application, including the right to file priority applications, any improvements thereto, and in and to any Letters Patent, continuations, continuation-in-part, reissue, re-exam or divisions, which may be granted and issued therefor in the United States of America, Canada and throughout the world;

The undersigned Inventor further agrees to do all things reasonably required of him or her and to execute all instruments submitted to him or her by the Assignee for carrying out the full intent of this agreement; and the Inventor(s) hereby request and authorize the Patent Office to issue the said Letters Patent to the Assignee, its successors and assigns.

Page 1 of 3

| EXECUTED at | CONTACTO (PROVINCE/STATE) | |
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| | | |
| This | of MARCH, 2018 (MONTH) (YEAR) | |
| (DAY) | (MUNTH) (YEAR) | |
| | W.Z. | |
| | SIGNATURE OF INVENTOR: BALJOZOVIC, Milos | |
| | p. referred. | |
| STATEMENT BY | WITNESS | |
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| whose full post office / r | nailing address (with postal code) is: | |
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| vas personally present a | nd did see BALJOZOVIC, Milos who is known to mg, execute the above Assignment. | |
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| | SIGNATURE OF WITNESS | |
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| SIGNATURE OF I | NVENTOR # 2 | ******* |
| SIGNATURE OF I | NVENTOR #2 COHCORD (CITY) (PROVINCE/STATE) | |
| EXECUTED at | COHCORD OHTARIO (CITY) (PROVINCE/STATE) | |
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| EXECUTED at This STATEMENT BY | COHCORS (CITY) (PROVINCE/STATE) of MARCH , 2018 (MONTH) (YEAR) SIGNATURE OF INVENTOR: COMSA, Rares I. WITNESS (EULL NAME) nailing address (with postal code) is: | |
| EXECUTED at This S (DAY) | COHCORD OHTARO (CITY) (PROVINCE/STATE) of MAZCH , 2018 (MONTH) (YEAR) SIGNATURE OF INVENTOR: COMSA, Rares I. | |
| EXECUTED at This S (DAY) | COHCOLS (CITY) (PROVINCE/STATE) of MARCH , 2018 (MONTH) (YEAR) SIGNATURE OF INVENTOR: COMSA, Rares I. WITNESS (EULL NAME) nailing address (with postal code) is: | |
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| This S (DAY) STATEMENT BY whose full post office / n | COHCOCK (CITY) (PROVINCE/STATE) of MARCH., 2018 (MONTH) (YEAR) SIGNATURE OF INVENTOR: COMSA, Rares I. WITNESS (EULL NAME) nailing address (with postal code) is: and did see COMSA, Rares I., who is known to me, execute the above Assignment. | |
| This STATEMENT BY Whose full post office / n | COHCORD (CITY) (PROVINCE/STATE) of MARCH , 2018 , (MONTH) (YEAR) SIGNATURE OF INVENTOR: COMSA, Rares I. WITNESS (EULL NAME) nailing address (with postal code) is: | |

PATENT REEL: 050749 FRAME: 0498

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| This <u>44</u> (DA) | of | MARCH , 2018 (MONTH) (YEAR) | |
| (2013) | , | | |
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| | SIGNA | TYRE OF INVENTOR: DINCA, Flaviu V. | |
| | | | |
| TATEMENT I | SY WITNESS | \$ | |
| A. C. | Wy Ab | <u>Late</u> | |
| | (FULL NAME) | | |
| nose full post offic | e / mailing address (w | vith postal code) is: | |
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