505919805 02/17/2020

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5966522

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

#### **CONVEYING PARTY DATA**

| Name             | Execution Date |
|------------------|----------------|
| TIMOTHY MARTELL  | 02/14/2020     |
| RYAN LEE EIFFERT | 02/11/2020     |

### **RECEIVING PARTY DATA**

| Name:           | HUNTER FAN COMPANY                  |
|-----------------|-------------------------------------|
| Street Address: | 7130 GOODLETT FARMS PKWY. SUITE 400 |
| City:           | MEMPHIS                             |
| State/Country:  | TENNESSEE                           |
| Postal Code:    | 38016                               |

## **PROPERTY NUMBERS Total: 1**

| Property Type       | Number   |  |
|---------------------|----------|--|
| Application Number: | 29724530 |  |

#### **CORRESPONDENCE DATA**

**Fax Number:** (616)742-1010

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:** 616-742-3500

**Email:** patents@mcgarrybair.com

Correspondent Name: MCGARRY BAIR PC
Address Line 1: 45 OTTAWA AVE. SW

Address Line 2: SUITE 700

Address Line 4: GRAND RAPIDS, MICHIGAN 49503

| ATTORNEY DOCKET NUMBER: | 72312-0791       |
|-------------------------|------------------|
| NAME OF SUBMITTER:      | BRADLEY J. DALE  |
| SIGNATURE:              | /Bradley J Dale/ |
| DATE SIGNED:            | 02/17/2020       |

**Total Attachments: 2** 

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PATENT 505919805 REEL: 051831 FRAME: 0647

Attorney Docket No. 72312-0791

| DECLARAT                                                                                                                                                                                                                                                                                                                             | TION AND ASSIGNMENT FOR                                                                                                                                                                                                                                                                                                                                                            | PATENT.                                                                                                                                                        | AND DESIGN APPLICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE OF INVENTION:                                                                                                                                                                                                                                                                                                                  | CEILING FAN                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| As a below named invento                                                                                                                                                                                                                                                                                                             | or, I hereby declare that:                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| This declaration is directe                                                                                                                                                                                                                                                                                                          | d to:                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| the attached appli                                                                                                                                                                                                                                                                                                                   | cation                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| or United States App                                                                                                                                                                                                                                                                                                                 | olication Number or PCT Internation                                                                                                                                                                                                                                                                                                                                                | onal Applica                                                                                                                                                   | ation Number filed on .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The above identified appl                                                                                                                                                                                                                                                                                                            | ication was made or authorized to                                                                                                                                                                                                                                                                                                                                                  | be made by                                                                                                                                                     | me.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I believe that I am the orig                                                                                                                                                                                                                                                                                                         | ginal inventor or an original joint in                                                                                                                                                                                                                                                                                                                                             | ventor of a                                                                                                                                                    | claimed invention in the application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                      | illful false statement made in this ce than five (5) years, or both.                                                                                                                                                                                                                                                                                                               | leclaration i                                                                                                                                                  | is punishable under 18 U.S.C. 1001 by fine or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Fan Company, a corporati<br>Memphis, County of Shel<br>title, and interest in, to, an<br>the United States of Amer<br>Patents issuing therefor in<br>divisions, and continuatio<br>and exclusive use and ben<br>I hereby covenant and agr<br>applications included with<br>other proceeding that may<br>further to execute and deli- | ton of the State of Delaware, having by, State of Tennessee, (hereinaftered under the above identified application that may be obtained in respect all other areas of the world; and a ms of any of the foregoing (hereinate in the Assignee, its successors and the toassist and cooperate with Assign the Invention Rights and in the farise in connection with any application. | g its princip<br>r "Assignee<br>cation and the<br>thereof; an<br>ny reissues,<br>fter "Invent<br>I assigns for<br>signee in the<br>prosecution<br>cations or F | , I hereby sell, assign, and transfer unto, Hunter hal office and place of business in the City of e"), its successors and assigns, my entire right, he inventions disclosed therein; any Patents of my corresponding applications for Patent and extensions, substitutions, confirmations, tion Rights"), to have and to hold for the sole rever.  The preparation and prosecution of any in or defense of any interference, opposition, or Patent included within the Invention Rights and that may be requested by Assignee for the |
| Given Name (first and mi                                                                                                                                                                                                                                                                                                             | ddle [if any])                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                | ame or Surname                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Timothy Inventor's Signature                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                    | Martell <b>Dated</b>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| inventor s orginature                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                    | Dateu                                                                                                                                                          | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Martell, to me known and I                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    | ibed in and                                                                                                                                                    | eared before me the above-named Timothy who executed the foregoing instrument and orth in said instrument.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Notary Public                                                                                                                                                                                                                                                                                                                        | County,                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| My commission expires:                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entipartement of the entire invention of the enti REEL: 051831 FRAME: 0648

| DECLARAT                                                                                                                                                                                                                                                                                                                                                                                                                | TON AND ASSIGNMENT FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | R PATENT.                                                                                                      | AND DESIGN AP                                                                                                      | PLICATIONS                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE OF INVENTION:                                                                                                                                                                                                                                                                                                                                                                                                     | CEILING FAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                    |                                                                                                                                                                                     |
| As a below named invento                                                                                                                                                                                                                                                                                                                                                                                                | or, I hereby declare that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                                                                                                    |                                                                                                                                                                                     |
| This declaration is directed                                                                                                                                                                                                                                                                                                                                                                                            | d to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                    |                                                                                                                                                                                     |
| the attached applie                                                                                                                                                                                                                                                                                                                                                                                                     | cation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                                                                                    |                                                                                                                                                                                     |
| `I ,, ∷                                                                                                                                                                                                                                                                                                                                                                                                                 | lication Number or PCT Internati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | onal Applica                                                                                                   | ntion Number                                                                                                       | filed on .                                                                                                                                                                          |
| The above identified appli                                                                                                                                                                                                                                                                                                                                                                                              | cation was made or authorized to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | be made by                                                                                                     | me.                                                                                                                |                                                                                                                                                                                     |
| I believe that I am the orig                                                                                                                                                                                                                                                                                                                                                                                            | inal inventor or an original joint i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nventor of a                                                                                                   | claimed invention                                                                                                  | in the application.                                                                                                                                                                 |
| I acknowledge that any wi<br>imprisonment of not more                                                                                                                                                                                                                                                                                                                                                                   | Ilful false statement made in this than five (5) years, or both.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | declaration i                                                                                                  | s punishable under                                                                                                 | 18 U.S.C. 1001 by fine or                                                                                                                                                           |
| Fan Company, a corporati<br>Memphis, County of Shell<br>title, and interest in, to, an<br>the United States of Amer<br>Patents issuing therefor in<br>divisions, and continuation<br>and exclusive use and bene<br>I hereby covenant and agree                                                                                                                                                                          | and adequacy of which I hereby as on of the State of Delaware, having by, State of Tennessee, (hereinafted under the above identified applicathat may be obtained in respectable of any of the foregoing (hereinagefit of Assignee, its successors and the to assist and cooperate with Assigned the Investigation of the Investigat | ig its principer "Assignee cation and that thereof; and in reissues, after "Invented assigns for signee in the | al office and place of "), its successors and inventions discloy corresponding appearation Rights"), to have ever. | of business in the City of ad assigns, my entire right, used therein; any Patents of plications for Patent and ations, confirmations, re and to hold for the sole rosecution of any |
| applications included within the Invention Rights and in the prosecution or defense of any interference, opposition, or other proceeding that may arise in connection with any applications or Patent included within the Invention Rights and further to execute and deliver to Assignee any and all additional papers that may be requested by Assignee for the purpose of implementing the terms of this Assignment. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                    |                                                                                                                                                                                     |
| Given Name (first and mic                                                                                                                                                                                                                                                                                                                                                                                               | Idle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Family Na                                                                                                      | me or Surname                                                                                                      |                                                                                                                                                                                     |
| Ryan Lee                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Eiffert                                                                                                        |                                                                                                                    |                                                                                                                                                                                     |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                    | gruph-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dated                                                                                                          | 2/11/20                                                                                                            |                                                                                                                                                                                     |
| Eiffert, to me known and k                                                                                                                                                                                                                                                                                                                                                                                              | nown to me to be the person descr<br>her free act and deed in and for the pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ibed in and                                                                                                    | who executed the fo                                                                                                | regoing instrument and                                                                                                                                                              |
| Notary Public                                                                                                                                                                                                                                                                                                                                                                                                           | County,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                                                                                                                    |                                                                                                                                                                                     |
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An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form. Use an additional PTO/AIA/01 form for each additional inventor.

PATENT Page 1 of 1
REEL: 051831 FRAME: 0649

**RECORDED: 02/17/2020**