#### 505957657 03/09/2020

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6004364

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

# **CONVEYING PARTY DATA**

| Name              | Execution Date |
|-------------------|----------------|
| AMNON IZHAR       | 11/30/2016     |
| PATRICK J. WEILER | 11/30/2016     |

# **RECEIVING PARTY DATA**

| Name:           | EMC IP HOLDING COMPANY LLC |
|-----------------|----------------------------|
| Street Address: | 176 SOUTH STREET           |
| City:           | HOPKINTON                  |
| State/Country:  | MASSACHUSETTS              |
| Postal Code:    | 01748                      |

# **PROPERTY NUMBERS Total: 1**

| Property Type       | Number   |
|---------------------|----------|
| Application Number: | 16813114 |

### CORRESPONDENCE DATA

Fax Number: (617)523-6850

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: 617-523-2700

Email: patentdocketing@hklaw.com Correspondent Name: **HOLLAND & KNIGHT LLP** Address Line 1: 10 ST. JAMES AVENUE

Address Line 4: BOSTON, MASSACHUSETTS 02116

| ATTORNEY DOCKET NUMBER: | 113454.000239CON    |
|-------------------------|---------------------|
| NAME OF SUBMITTER:      | JONATHAN N. LEACH   |
| SIGNATURE:              | /JONATHAN N. LEACH/ |
| DATE SIGNED:            | 03/09/2020          |

# **Total Attachments: 4**

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> **PATENT** REEL: 052056 FRAME: 0445

505957657

PATENT/Joint Assignment Docket No.: 113454.00239/EMC-16-0697

# **ASSIGNMENT**

WHEREAS, we, <u>Amnon Izhar</u> and <u>Patrick J. Weiler</u>, have invented an invention comprising and/or embodying certain improvements or discoveries or both as described in an application for Letters Patent of the United States entitled <u>CACHE MANAGEMENT SYSTEM AND METHOD</u> (Application), the specification of which:

| [X]       | is being executed on even date herever States Patent Office; | ed on even date herewith and is about to be filed in the United |          |          |
|-----------|--------------------------------------------------------------|-----------------------------------------------------------------|----------|----------|
|           | States Fatent Cliffe,                                        |                                                                 |          |          |
| .[ ·] · · | was filed on as                                              | s U.S. Application No                                           | •        | <u> </u> |
|           |                                                              |                                                                 |          |          |
| []        | was patented under U.S. Patent No.                           | on                                                              | <u> </u> | <u></u>  |

WHEREAS, EMC IP Holding Company LLC (hereinafter "ASSIGNEE"), a corporation organized and existing under the laws of the State of Delaware and having a usual place of business at 176 South Street, Hopkinton, Massachusetts 01748 desires to acquire an interest therein in accordance with agreements duly entered into with us;

NOW, THEREFORE, to all whom it may concern be it known that for and in consideration of said agreements and of other good and valuable consideration, the receipt of which is hereby acknowledged, we have sold, assigned and transferred and by these presents do hereby sell, assign and transfer unto said ASSIGNEE, its successors, assigns and legal representatives, the entire right, title and interest in and throughout the United States of America, its territories and all foreign countries, in and to said invention as described in said application, together with the entire right, title and interest in and to said application and such Letters Patent as may issue thereon; said invention, application and Letters Patent to be held and enjoyed by said ASSIGNEE for its own use and behalf and for its successors, assigns and legal representatives, to the full end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held by us had this assignment and sale not been made; we hereby convey to ASSIGNEE all rights arising under or pursuant to any and all international agreements, treaties or laws relating to the protection of industrial property by filing any such applications for Letters Patent. We hereby acknowledge that this assignment, being of the entire right, title and interest in and to said invention, carries with it the right in ASSIGNEE to apply for and obtain from competent authorities in all countries of the world any and all Letters Patent by attorneys and agents of ASSIGNEE's selection and the right to procure the grant of all such Letters Patent to ASSIGNEE for its own name as assignee of the entire right, title and interest therein;

AND, we hereby further agree for ourselves and our executors and administrators to execute upon request any other lawful documents and likewise to perform any other lawful acts which may be deemed necessary to secure fully the aforesaid invention to said ASSIGNEE, its successors, assigns and legal representatives, but at its or their expense and charges, including the execution of applications for patents in foreign countries, and the execution of substitution, reissue, divisional or continuation applications and preliminary or other statements and the

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giving of testimony in any interference or other proceeding in which said invention or any application or patent directed thereto may be involved;

AND, we do hereby authorize and request the Commissioner of Patents of the United States to issue such Letters Patent as shall be granted upon said application or applications based thereon to said ASSIGNEE, its successors, assigns, and legal representatives;

AND, we hereby authorize our attorneys, EMC Corporation, to insert here in parenthesis

(\_\_\_\_\_\_\_\_\_\_) the application number and filing date of said Application (or foreign counterpart application) to facilitate the recording or other official processing of this Assignment.

IN TESTIMONY WHEREOF, we have hereunto set our hands and affixed our seals as set forth below:

PATENT/Joint Assignment Docket No.: 113454.00239/EMC-16-0697

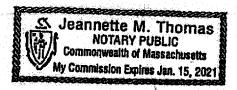
| Date: 11/30/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amnon Tahar                                                         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Inventor's Signature                                                |
| Print full name of inventor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amnon Izhar                                                         |
| Residence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 135 Pleasant Street #504                                            |
| and the second s | Brookline, MA 02446                                                 |
| Citizenship:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | US III                                                              |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Same as above                                                       |
| The state of the s | ssachusetts_<br>ldlesex                                             |
| above-named Amnon Izhar known to me throemployee identification card;driver's lic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Notary Public  Print Name:     My Commission expires   1   15   802 |

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PATENT/Joint Assignment Docket No.: 113454.00239/EMC-16-0697

| Date: 1//30/16                        | - Pot Meh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Print full name of inventor:          | Patrick J. Weiler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Residence:                            | 14 Mashpee Circle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                       | Northborough, MA 01532                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Citizenship:                          | The state of the s |
| Mailing Address:                      | Same as above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| STATE/COMMONWEALTH OF                 | Massachusetts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| COUNTY OF                             | Massachusetts<br>Worcester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| employee identification card; [ ] dri | to be the person whose name is subscribed to the liged that he/she executed the same as his/her free act and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



**RECORDED: 03/09/2020**