# 505944484 03/02/2020

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5991204

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

#### **CONVEYING PARTY DATA**

| Name             | Execution Date |
|------------------|----------------|
| FRED I. MORAD    | 01/30/2020     |
| ROBERT A. ACOSTA | 01/30/2020     |

### **RECEIVING PARTY DATA**

| Name:           | WORLDWIDE INTEGRATED RESOURCES, INC. |  |
|-----------------|--------------------------------------|--|
| Street Address: | 7171 TELEGRAPH ROAD                  |  |
| City:           | MONTEBELLO                           |  |
| State/Country:  | CALIFORNIA                           |  |
| Postal Code:    | 90640                                |  |

## **PROPERTY NUMBERS Total: 1**

| Property Type       | Number   |
|---------------------|----------|
| Application Number: | 16550422 |

## **CORRESPONDENCE DATA**

**Fax Number:** (317)713-3699

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:** 317-713-3500

Email: taft-ip-docket@taftlaw.com

Correspondent Name: TAFT STETTINIUS & HOLLISTER LLP

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Address Line 2: SUITE 3500

Address Line 4: INDIANAPOLIS, INDIANA 46204

| ATTORNEY DOCKET NUMBER: | TRA29-40034   |  |
|-------------------------|---------------|--|
| NAME OF SUBMITTER:      | PATRICE DAY   |  |
| SIGNATURE:              | /Patrice Day/ |  |
| DATE SIGNED:            | 03/02/2020    |  |

## **Total Attachments: 3**

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PATENT 505944484 REEL: 052065 FRAME: 0232

### ASSIGNMENT OF APPLICATION

In consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration paid to each of the undersigned, Name(s) Fred I. Morad and Robert A. Acosta of Inventor(s) maker(s) of an invention which is the subject of an application for Letters Patent of the United States ("Application") entitled: Title of AN APPARATUS TO DISPENSE FEMININE HYGIENE PRODUCTS WITH Application ONE OR MORE USER SENSORS Which has been executed by the undersigned on \_\_\_\_\_ and \_\_\_\_. Date of signing of Application by each Inventor For which an application for a United States Patent was filed October 26, 2018 Application Information. Application Serial No.: 16/550422 the undersigned hereby sells, assigns, and sets over to Name of Worldwide Integrated Resources, Inc. Assignee Address of 7171 Telegraph Road Montebello, CA, 90640 principal place of business State of Incorporation a corporation of <u>California</u>

(hereinafter designated as the Assignee) their entire right, title and interest in, to and under the Application, including all priority rights for the United States and other countries arising therefrom including Canada and Mexico, all inventions therein disclosed, and any and all Letters Patent of the United States and of all other countries, which may be granted for such inventions, or any of them, any divisional, continuation, continuation-in-part, or reissue applications corresponding to the Application or such Letters Patent, and any reexamination of the Application or such letters Patent, and any foreign patents or patent applications corresponding thereto, all such inventions and all rights in such Application and Letters Patent to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

The undersigned agree(s) to execute all papers necessary in connection with the application(s) in the United States and foreign countries and any continuing, divisional, or reissue applications thereof, and any reexamination of any of such applications, and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

The undersigned agree(s) to execute all papers necessary in connection with any interference which may be declared or litigation concerning the application(s) or continuation, division, reissue or reexamination thereof, and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with such Interference or litigation.

The undersigned agree(s) to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

The undersigned agree(s) to do all other acts which, in the opinion of Assignce, may be necessary or desirable to secure the grant of Letters Patent to Assignce or its nominees, in the United States and in all other countries where Assignee may desire to have such inventions, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

The undersigned hereby authorize(s) and request(s) the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from said applications(s) or any division or continuing or reissue applications thereof, and any recognition of any of such applications, to the said Assignee, as Assignee of the entire interest, and hereby covenants that the undersigned has full right to convey the interest herein assigned, and that the undersigned has not executed, and will not execute, any agreement in conflict herewith.

The undersigned hereby grant(s) the attorney of record the power to insert on this Assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

| IN WITNESS WHER                    | EOF, I have execu | uted this assignment at <u>Mo</u> j | Abolle ( A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |
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| this 30 day of Junuary             | 2020              | (Santana)                           | 1. State State Control of the State of the S |             |
|                                    | $\mathcal{V}_{2}$ |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
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| Witnesses are Witness              |                   | Inventor (Signatu                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | minimum – y |
| required when acknowledgment       |                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| before a Notary \ SIX              |                   | Fred I. Morad                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| Public is not Witness * fisasible. |                   | Inventor (Printed                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ******      |
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| ACKNOWLEDGMENT                     |                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
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| STATE OF                           | )<br>) SS:        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
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| Acknowledged before                | me, a Notary Pub  | dic, within and for said Count      | y and State. Witness m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | / hand and  |
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| My Commission Expires:             |                   | O                                   | Carren e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |
| wy Commission Expires.             |                   | . Aesiden ox                        | County,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |
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The undersigned agree(s) to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States and in all other countries where Assignee may desire to have such inventions, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

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| is assignment at 1/10/10/06/16/15/                             |
|----------------------------------------------------------------|
| 71100                                                          |
| Inventor (Signature)  Robert A. Acosta Inventor (Printed Name) |
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| vithin and for said County and State. Witness my hand an       |
|                                                                |
| Notary Public                                                  |
| Printed Name                                                   |
| Resident of County.                                            |
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