PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6031908

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
DHAIRYA SHRIVASTAVA	05/31/2016
ROBIN FRIEDMAN	06/03/2016
VINOD KHOSLA	05/25/2016
RAO MULPURI	06/03/2016
ANSHU A. PRADHAN	06/02/2015

RECEIVING PARTY DATA

Name:	VIEW, INC.
Street Address:	195 SOUTH MILPITAS BOULEVARD
City:	MILPITAS
State/Country:	CALIFORNIA
Postal Code:	95035

PROPERTY NUMBERS Total: 2

Property Type	Number
Application Number:	15094897
Application Number:	16388743

CORRESPONDENCE DATA

Fax Number: (510)663-0920

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.

Email: assignments@wavsip.com

WEAVER AUSTIN VILLENEUVE & SAMPSON LLP Correspondent Name:

Address Line 1: P. O. BOX 70250

Address Line 4: OAKLAND, CALIFORNIA 94612-0250

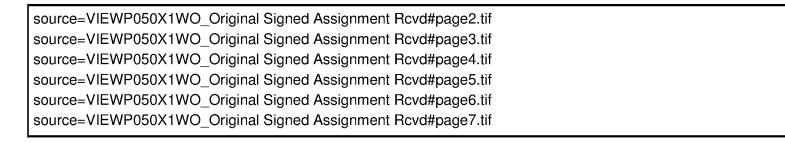
ATTORNEY DOCKET NUMBER:	VIEWP050X1C1/VIEWP050X1C2
NAME OF SUBMITTER:	DHARTI SHAH
SIGNATURE:	/Dharti Shah/
DATE SIGNED:	03/25/2020

Total Attachments: 7

source=VIEWP050X1WO Original Signed Assignment Rcvd#page1.tif

PATENT REEL: 052229 FRAME: 0040

505985199



ASSIGNMENT OF PATENT APPLICATION

Whereas I, an undersigned named inventor, possess the right, title and interest for and in the Invention(s) as set forth in the PCT international patent application entitled: MULTI-ZONE EC WINDOWS (Atty. Docket No. VIEWP050X1WO), and

(1) for which I am a named inventor on a PCT international patent application that designates the U.S.;

AND/OR

(2) the same having been filed on (<u>December 18, 2014</u>) as PCT Application No. (<u>PCT/US2014/071314</u>);

AND/OR

(3) which claims pri	ority to U.S. [Provisional]	Patent Application	filed on ()	as
Application No. ();			

in connection with which I hereby authorize and request the assignee's attorneys associated with Customer Number 22434 to insert within the foregoing parentheses the filing date and/or Application No. of said application when known.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, an undersigned named inventor, hereby:

- 1) Sell, assign and transfer to **View, Inc.**, a Delaware corporation having a place of business at 195 South Milpitas Boulevard, Milpitas, California, 95035, USA ("ASSIGNEE"), the entire right, title and interest in the above-referenced PCT international application including any and all improvements and inventions disclosed therein, and in any applications (e.g., national phase applications) based upon, and patents (including U.S. and foreign patents and the right to claim priority) based upon, the above-referenced PCT international application.
- 2) Authorize and request the Commissioner of Patents to issue any and all Letters Patents resulting from said application or any division, continuation, substitute, renewal, re-examination or reissue thereof to the ASSIGNEE.
- 3) Agree to execute all papers and documents and, entirely at the ASSIGNEE's expense, perform any acts which are reasonably necessary in connection with the prosecution of said PCT international application, as well as any derivative applications thereof, any U.S. and foreign national phase patent applications based on the above-referenced PCT international patent application, and/or the enforcement of patents resulting from such applications.
- 4) Agree that the terms, covenants and conditions of this assignment shall inure to the benefit of the ASSIGNEE, its successors, assigns and other legal representative, and shall be binding upon the named inventor, as well as the named inventor's heirs, legal representatives and assigns.

	••	have not entered, and water that with this assignment	ill not enter into any assign t.	ment,
Signe	ed on the date indicated	l beside my signature.		
1) Signa Typed	iture: Januarya Shriva	Scribastus	Date: <u>05/31/</u> 1	16
		NOTARY		
A California no	tary public or other officer comp	5 and California Government Code pleting this certificate verifies only ned, and not the truthfulness, accu	the identity of the individual who sign	ed
	SANTA CLARA NAY 31, 2016 befor) ss.) ss.) re me, <i>Militeut I</i>	* B AKEANIFF L	
personally ap	peared	YHANRYA SHRIVI	ETPARA	
person(s), or I certify under foregoing pa	the within instrument authorized capacity(ies the entity upon behalf	and acknowledged to mes, and that by his her/the of which the person(s) a JURY under the laws of rect.	person(s) whose name(s) is that he she/they executed ir signature(s) on the instructed, executed the instrument the State of the Commission of the State Care Care Care Care Care Care Care Car	the same in ament the ent. If the same in the ent. If the same in the ent.
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Date: 4/3/16 2) Signature: Typed Name: Kobin Friedman NOTARY Per California Civil Code sections 1189 and 1195 and California Government Code section 8202: A California notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. SS. County of SANTA CLARA On Jule 3, 2016 before me, MICHEUE PB ARCANGEL personally appeared proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)(is/are subscribed to the within instrument and acknowledged to me that he she/they executed the same in (his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _______ foregoing paragraph is true and correct. WITNESS my hand and official seal. Crichela JAB Arral lichelle Pinpin-Benson Arca

Signed on the date indicated beside my signature.

Commission #211920

3) Signature: Vinod Khosla Date: 5/25/2016
NOTARY
Per California Civil Code sections 1189 and 1195 and California Government Code section 8202: A California notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
State of
County of
Onbefore me,, personally appeared
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

*Signed on the date indicated beside my signature.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

	cate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California)
County of SAN MATEO	, }
	,
	USTINE SINK NOTARY PUBLIC
Date	Here Insert Name and Title of the Officer
personally appeared	> KHOSLA
***************************************	Name(s) of Signer(s)
subscribed to the within instrument and acknow	y evidence to be the person(s) whose name(s) (s) are welledged to me that he/she/they executed the same in his/her/their signature(e) on the instrument the person(e) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph
	is true and correct.
	is true and correct.
ANTHE SHE	
Commission # 2121429 Notary Public - Collegation	is true and correct. WITNESS my hand and official seal.
9/2_1800 Commission # 2121429 X	is true and correct.
Commission # 2121429 Notary Public - California San Masso County	is true and correct. WITNESS my hand and official seal. Signature
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Place Notary Seal Above Though this section is optional, completing the fraudulent reattachment of the Description of Attached Document Title or Type of Document: Assugnment Signer(s) Other The Capacity(ies) Claimed by Signer(s) Signer's Name: Virginia Kingle Signer(s) Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact	is true and correct. WITNESS my hand and official seal. Signature Signature of Notary Public PTIONAL is information can deter alteration of the document or is form to an unintended document. PARS App Document Date: 5/25/2016 Inan Named Above: Signer's Name: Corporate Officer — Title(s): Partner — Limited General Individual General Grustee Guardian or Conservator Gother:

Attorney Docket No.	VIEWP050X1WO
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Signed on the date indicated beside my signature.

4)	Signature: Typed Name:	Rao Mulpuri	<u> </u>		Date:	04/03/14	>
			NO	TARY			
А	er California Civil Code se California notary public o e document to which th	or other officer compl	eting this certifica	te verifies only the	e identity of the in	_	
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	rtify under PENA going paragraph			the laws of th	ne State of	CA that th	е
WIT	TNESS my hand	and official sea UNI	i. nal		Comm Notary San	ingis-Senson Artangel ission #2119209 Public - California da Clara County	

Date: 6/2/2015 5) Signature: Typed Name: NOTARY Per California Civil Code sections 1189 and 1195 and California Government Code section 8202: A California notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of CAUFORNIA

County of WANTA CLARA SS. On JUNE 2, 2016 before me, MICHEUE PB ARCANGEL personally appeared proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of ____CA ____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Bichelle Pinoin-Benson Arcz RECEIVED AND HEREBY ACCEPTED BY ASSIGNEE, VIEW, INC.: Date: Z-JUNE - 2016 Name: Title:

Signed on the date indicated beside my signature.

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