506302596 10/14/2020

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6349345

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	SECURITY INTEREST

#### **CONVEYING PARTY DATA**

Name	Execution Date	
BIG HAT INVESTMENTS, LLC	09/04/2015	

## **RECEIVING PARTY DATA**

Name:	ALAN M GERMOND
Street Address:	251 ASH ST.
City:	COLUMBIA
State/Country:	MISSOURI
Postal Code:	65203

## **PROPERTY NUMBERS Total: 1**

Property Type	Number
Patent Number:	10370231

## **CORRESPONDENCE DATA**

#### Fax Number:

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:** 3147270101

**Email:** rem@riezmanberger.com **Correspondent Name:** EMMETT MCAULIFFE

Address Line 1: 7700 BONHOMME AVE, STE. 700 Address Line 4: SAINT LOUIS, MISSOURI 63105

ATTORNEY DOCKET NUMBER:	28968-001
NAME OF SUBMITTER:	EMMETT MCAULIFFE
SIGNATURE:	/st1006/
DATE SIGNED:	10/14/2020
	This document serves as an Oath/Declaration (37 CFR 1.63).

## **Total Attachments: 5**

source=Final Big Hat 20201000 (00518523x9CD8A)#page1.tif source=Final Big Hat 20201000 (00518523x9CD8A)#page2.tif source=Final Big Hat 20201000 (00518523x9CD8A)#page3.tif source=Final Big Hat 20201000 (00518523x9CD8A)#page4.tif source=Final Big Hat 20201000 (00518523x9CD8A)#page5.tif

PATENT 506302596 REEL: 054079 FRAME: 0491

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional]

Tom Harrison (573) 874-7777

B. E-MAIL CONTACT AT FILER (optional)

amy@vanmatre.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Tom Harrison
1103 East Broadway
P.O. Box 1017

Columbia, MO 65201

File Number: 1509045954598
Date Filed: 9/4/2015 8:42 AM
Jason Kander
Secretary of State

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Table of the time in the lime its, leave all of item 1 blank, check here and provide the individual Debtor Information in Rem 10 of the Financing Statement Addendum (F Big Hat Investments, LLC Big Hat Investments, LLC	Page 1 o
16. INDIVIDUAL'S SURNAME  16. MAILING ADDRESS  2510 West Ash Street  Columbia  Coeffor's NAME: Provide only gog. Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the same will not fit in the line 2b, leave all of item 2 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Financing State	m UCC1AD)
2510 West Ash Street  Columbia  MO 65203  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the ame will not fit in the line 2b. Leave all of item 2 blank, check here and provide the individual Debtor Information in item 10 of the Financing Statement Addendum (Financing Statement Covers the following collateral:  Any and all accounts, accounts receivable, notes receivable, contract rights, chattel paper, documents, instruments, and other obligations of any kind, now or hereafter existing, and all rights now or hereafter existing in and to all security agreements, leases, and other contracts securing or otherwise relating to any such accounts, accounts receivable, contract rights, chattel paper, documents, instruments, or other  Check only if applicable and only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent of Check only if applicable and only one box:  65b. Check only if applicable and only one box:	SUFFIX
2. DEBTOR'S NAME: Provide only ong_ Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the name will not fit in the line 2b, leave all of item 2 blank, check here and provide the Individual Debtor Information in Rem 10 of the Financing Statement Addendum (Financing Statement Addendum (Fin	COUNTRY
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2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  2b. INDIVIDUAL'S SURNAME  2c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  SECURED PARTY'S NAME  3a. ORGANIZATION'S NAME  3b. INDIVIDUAL'S SURNAME  Germond  Alan  M  3c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CITY  STATE  POSTAL CODE  COLLATERAL: This financing statement covers the following collateral:  Instruments, and other obligations of any kind, now or hereafter existing, and all rights now or hereafter wisting  and to all security agreements, leases, and other contracts securing or otherwise relating to any such accounts, accounts, contract rights, chattel paper, documents, instruments, or other  Check only if applicable and only one box: Collateral isheld in a Trust (see UCC1Ad, Rem 17 and Instructions)being administered by a Decedent Check only if applicable and only one box:  6b. Check only if applicable and only one box:  6b. Check only if applicable and only one box:  6b. Check only if applicable and only one box:	
2b. INDIVIDUAL'S SURNAME  CITY  STATE  POSTAL CODE  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one  AND ASSIGNATION SECURED PARTY name (3a or 3b)  AND ASSIGNATION	
Any and all accounts, accounts receivable, notes receivable, contract rights, chattel paper, documents, and other obligations of any kind, now or hereafter existing, and all rights now or hereafter existing in and to all security agreements, leases, and other contracts securing or otherwise relating to any such accounts, accounts receivable, chattel paper, documents, instruments, or other  Check only if applicable and only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)	SUFFIX
3a. ORGANIZATION'S NAME  3b. INDIVIDUAL'S SURNAME  Germond  3c. MAILING ADDRESS  2510 Ash Street  Columbia  COLLATERAL: This financing statement covers the following collateral:  Any and all accounts, accounts receivable, notes receivable, contract rights, chattel paper, documents, nistruments, and other obligations of any kind, now or hereafter existing, and all rights now or hereafter existing in and to all security agreements, leases, and other contracts securing or otherwise relating to any such accounts, accounts receivable, chattel paper, documents, instruments, or other  Check only if applicable and only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent and Checkonly if applicable and only one box:  6b. Check only if applicable and only one box:	COUNTRY
3b. INDIVIDUAL'S SURNAME  Germond  3c. MAILING ADDRESS  CITY  Columbia  Any and all accounts, accounts receivable, notes receivable, contract rights, chattel paper, documents, nstruments, and other obligations of any kind, now or hereafter existing in and to all security agreements, leases, and other contracts securing or otherwise relating to any such accounts, accounts receivable, chattel paper, documents, instruments, and other obligations of any kind, now or hereafter existing or otherwise relating to any such accounts, accounts receivable, contract rights, chattel paper, documents, instruments, or other  Check only if applicable and only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent of Check only if applicable and only one box:  6b. Check only if applicable and only one box:	
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Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Fi	e box:
ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licens	e/Licensor
OPTIONAL FILER REFERENCE DATA	
lig Hat	

UCC FINANCING STATEMENT (FORM UCC1) (REV. 08/28/2013)

## **UCC FINANCING STATEMENT ADDENDUM**

OLL	OW INSTRUCTIONS			•			
	ME OF FIRST DEBTOR: Same as line 1a or 1b on financing Stateme	nt; if line	1b was left blank				
be	cause individual Debtor name did not fit, check						
,	a. ORGANIZATION'S NAME						
-	Big Hat Investments, LLC						
R							
	9b. INDIVIDUAL'S SURNAME						
Ī	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	CDACE IC	EOD EII INC OFFICE III	SE ONL V
				THE ABOVE	SPACE IS	FOR FILING OFFICE US	SE ONL 1
10.	DEBTOR'S NAME -Provide (10a or 10b) only one additional Debtor name or l			or 2b of the Finan	acing Stateme	ent (Form UCC1) (use exact,	full name;
ī	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r	nailing add	iress in line 10c				
	10a. ORGANIZATION'S NAME						
,							
1	10b. INDIVIDUAL'S SURNAME						
L							
	INDIVIDUAL'S FIRST PERSONAL NAME						
ŀ							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
_							
Oc.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
1.	ADDITIONAL SECURED PARTY'S NAME of ASS	SIGNOR	SECURED PARTY'S N	JAME: Provide	only one na	me (11a or 11b)	•
Г	11a, ORGANIZATION'S NAME				-		
	The starting motion in						
t	11b. INDIVIDUAL'S SURNAME	FIRST	F PERSONAL NAME	: ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
	THE MADINES CONTRACT	11101	T EROOF TE TO THE		/ DDITION	ETOTAL(O)/TOTAL(O)	COLLIX
10	MAILING ADDDESS	OITV			CTATE	L DOCTAL CODE	COLINITRY
IC.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
	igations; 4 and all Caparal Intensibles, including without limitation, trade	ctuloc	books and records	ooncumor liet	_		
	/ and all General Intangibles, including without limitation, trade idor lists, accounting software, franchise rights, option rights,				5,		
ıt∈	erests;		·				
	y and all inventory in any form, wherever located, now or here products sold in the ordinary course of business of the Debtor						
[	broaders sold in the ordinary course of business of the bestor	andrav	Williaterials and work	гигріосозэ п	icicioic,		
	shed goods thereof, and materials used or consumed in the m				ls in		
	ch the Debtor has any interest in mass or a joint or other inter tation, goods in which the Debtor has an interest or right as c				ed		
> "	tation, goods in militare bestor has an interest or right as o	onsigno	o, and (iii) goods iii	mon are retain			
	repossessed by the Debtor, and all accessions thereto and pro	oducts th	nereof and document	s			
	refor; furniture, furnishings, equipment and other items of tangible p	ersonal	property which are n	ow or hereaft	er		
_							
3	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	9 14. Thi	is FINANCING STATEMEN  covers timber to be cut		is-extracted co	ollateral is filed as a	fixture filing.
5 1	Name and address of a RECORD OWNER of real estate described in item 16	16.0	 Description of real estat				
	if Debtor does not have a record interest):	10.2	sescription of real estat	·.			
,	Seeces added not have a record a mitor early.						
_							
ИI.	SCELLANEOUS:						

UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 08/28/2013)

# **UCC FINANCING STATEMENT ADDENDUM**

NAME (	INSTRUCTIONS  OF FIRST DEBTOR: Same as line 1a or 1b on financing Statement;  individual Debtor name did not fit, check	if line 1b was left blank	]			
9a. OF	RGANIZATION'S NAME  g Hat Investments, LLC					
9b. IN	IDIVIDUAL'S SURNAME					
FIF	RST PERSONAL NAME					
AD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE S	PACE IS I	FOR FILING OFFICE U	SE ONLY
	TOR'S NAME -Provide (10a or 10b) only one additional Debtor name or Del of omit, modify, or abbreviate any part of the Debtor's name) and enter the mail		or 2b of the Finanac	ing Statemer	nt (Form UCC1) (use exact,	full name;
	ORGANIZATION'S NAME					
10b.	INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
t	ING ADDRESS	СІТҮ		STATE	POSTAL CODE	COUNTRY
11a.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	L SNOR SECURED PARTY'S N	NAME: Provide on	lly <u>one</u> nan	ne (11a or 11b)	
11b.	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	,	ADDITIONAL NAME(S)/INITIAL(S)		
: MAIL	ING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
vned I licentreafte opert rents oduct y of t regoil pate ide se l othe	s from, all issues, uses, profits, proceeds (including insurand is of, all replacements and substitutions for, and other rights the	cy of the ce proceeds) and condem and interests now and he s, trademarks any copyrigitation or hereafter.	nation awards, i reafter belongin hts as well as al	ig to,		
	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMEN  covers timber to be cut		extracted co	llateral is filed as a	a fixture filing.
	and address of a RECORD OWNER of real estate described in item 16 stor does not have a record interest):	16. Description of real estat	te:			
/IISCEI	LLANEOUS:					

UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 08/28/2013)

					File Numl	ber	2020090100008	356299
					Initial File Number	:	1509045954598	
UCC	FINANCI	NG STATEMEN	TAMENDMENT		Date File	d	09/01/2020	
FOLL	OW INSTRUC	TIONS					John R. Ash	croft
A. NA	ME & PHON	IE OF CONTACT	AT FILER (optional)			S	Secretary of	State
Thom	as M. Harris	on 573-874-7777						
B. E-N	MAIL CONTA	ACT AT FILER (op	tional)					
	vanmatre.co	000000000000000000000000000000000000000	,					
C. SE	ND ACKNO	WLEDGMENT TO	: (Name and Address)	000000000000000000000000000000000000000				
Van M	<b>1</b> atre Law Fir	rm, P.C.						
Colum Misso	uri J States				THI ON		E SPACE IS FOR FI	LING OFFICE USE
1a. INIT	IAL FINANCII	NG STATEMENT FI	LE NUMBER					
150904	15954598						EMENT AMENDME the REAL ESTATE	ENT is to be filed [for RECORDS
		I: Effectiveness of th	e Financing Statement ide Statement	entified above i	s terminated v	with resp	pect to the security	interest(s) of Secured
			ide name of Assignee in i plete items 7 and 9 and al					ame of Assignor in
			the Financing Statement in the forthe and the secontinued for the a					of Secured Party
5.	PARTY INF	ORMATION CHANG	GE					
С	heck one of th	nese two boxes:		AND Check o	ne of these th	ree bo	xes to:	
	This Change affects	Debtor or	Secured Party of record		ddress: e item 6a or item 7a or	С	DD name: Complete item 7a r 7b, and item 7c	DELETE name: Give record name to be deleted in item 6a or 6b
6. CUR	RENT RECOR	RD INFORMATION:	Complete for Party Inform	nation Change				
	Current Name							
			N: Complete for Assignmente ate any part of the Debtor's		rmation Chan	ge - pro	ovide only one name	e (7a or 7b) (use exact
	7a. ORGANIZA	ATION'S NAME						
OR	7b. INDIVIDUA	AL'S SURNAME						

INDIVIDUAL'S FIRST PERSONAL NAME

7c. MAILING ADDRESS

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

CITY

PATENT REEL: 054079 FRAME: 0495

POSTAL CODE

STATE

Suffix

COUNTRY

8.	COLLATERAL CHANGE: Also check one of these four boxes:	ADD Collateral	DELETE collateral	RESTATE covered collateral	Assign Collateral
indicate	e collateral:				
<b>9</b> . NAM	IE OF SECURED PARTY OF RECORD AUTHOR	IZING THIS AMEN	DMENT:		
	Authorizing Party Name				
10. OP	TIONAL FILER REFERENCE DATA				
Big Ha	t				

**RECORDED: 10/14/2020**