

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT6370310

|                                                                                                                                                                                                 |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>SUBMISSION TYPE:</b>                                                                                                                                                                         | NEW ASSIGNMENT            |
| <b>NATURE OF CONVEYANCE:</b>                                                                                                                                                                    | ASSIGNMENT                |
| <b>CONVEYING PARTY DATA</b>                                                                                                                                                                     |                           |
| <b>Name</b>                                                                                                                                                                                     | <b>Execution Date</b>     |
| LYNN ANNE MCINTIRE                                                                                                                                                                              | 10/27/2020                |
| <b>RECEIVING PARTY DATA</b>                                                                                                                                                                     |                           |
| <b>Name:</b>                                                                                                                                                                                    | LYNN ANNE MCINTIRE        |
| <b>Street Address:</b>                                                                                                                                                                          | 952 WEST PARK STREET      |
| <b>City:</b>                                                                                                                                                                                    | GRANTS PASS               |
| <b>State/Country:</b>                                                                                                                                                                           | OREGON                    |
| <b>Postal Code:</b>                                                                                                                                                                             | 97527                     |
| <b>PROPERTY NUMBERS Total: 2</b>                                                                                                                                                                |                           |
| <b>Property Type</b>                                                                                                                                                                            | <b>Number</b>             |
| <b>Patent Number:</b>                                                                                                                                                                           | D832185                   |
| <b>Patent Number:</b>                                                                                                                                                                           | D678173                   |
| <b>CORRESPONDENCE DATA</b>                                                                                                                                                                      |                           |
| <b>Fax Number:</b>                                                                                                                                                                              |                           |
| <i>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.</i> |                           |
| <b>Phone:</b>                                                                                                                                                                                   | 5419554520                |
| <b>Email:</b>                                                                                                                                                                                   | linmac541@gmail.com       |
| <b>Correspondent Name:</b>                                                                                                                                                                      | ANN LYNN MCINTIRE         |
| <b>Address Line 1:</b>                                                                                                                                                                          | 952 WEST PARK STREET      |
| <b>Address Line 4:</b>                                                                                                                                                                          | GRANTS PASS, OREGON 97527 |
| <b>NAME OF SUBMITTER:</b>                                                                                                                                                                       | LYNN ANN MCINTIRE         |
| <b>SIGNATURE:</b>                                                                                                                                                                               | /Lynn Ann McIntire/       |
| <b>DATE SIGNED:</b>                                                                                                                                                                             | 10/27/2020                |
| This document serves as an Oath/Declaration (37 CFR 1.63).                                                                                                                                      |                           |
| <b>Total Attachments: 2</b>                                                                                                                                                                     |                           |
| source=Affidavit of Ann Lynn McIntire#page1.tif                                                                                                                                                 |                           |
| source=Affidavit of Ann Lynn McIntire#page2.tif                                                                                                                                                 |                           |

TO: UNITED STATE PATENT AND TRADEMARK OFFICE  
600 Dulany Street  
Alexandria, Virginia

AFFIDAVIT OF ANN LYNN McINTIRE

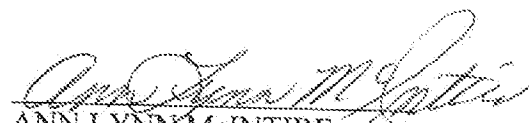
STATE OF OREGON            )  
                                      ) ss  
County of Oregon         )

I, ANN LYNN McINTIRE, being first duly sworn on oath, depose and say:

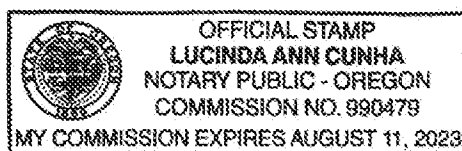
My spouse, DAVID BLAIR McINTIRE, died on July 15, 2020, a copy of his death certificate is attached.

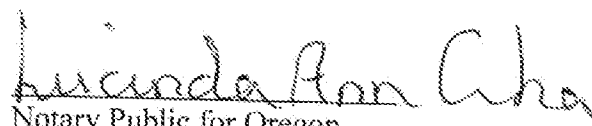
Effective immediately the following patent numbers should be assigned back to me due to non-payment from Clearlidz, Inc., who the patents are currently assigned to, to wit:

- US 8,622,457 B1 -- Date of Patent: January 7, 2014
- US D832,185 S -- Date of Patent: October 30, 2018
- US D678,173 S -- Date of Patent: March 19, 2013

  
ANN LYNN McINTIRE

SUBSCRIBED AND SWORN to before me this 5<sup>th</sup> day of August, 2020 by Ann Lynn McIntire.



  
Notary Public for Oregon  
My commission expires: 8-11-2023

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

920237

I.D. TAG NO.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

July 15, 2020

|                                                                                                                                                                                                                                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Legal Name<br>First: David Middle: Blair Last: McIntire Suffix:                                                                                                                                                                                          |                                         | 2. Death Date                                                                                                                                                                                                                                                                                                                                                   |  |
| 3. Sex<br>Male                                                                                                                                                                                                                                              | 4. Age<br>77 years                      | 5. Social Security Number<br>563-54-0597                                                                                                                                                                                                                                                                                                                        |  |
| 6. Birthdate<br>November 02, 1942                                                                                                                                                                                                                           | 7. Birthplace<br>Minneapolis, Minnesota | 8. County of Death<br>Josephine                                                                                                                                                                                                                                                                                                                                 |  |
| 9. Decedent's Education<br>Bachelor's degree                                                                                                                                                                                                                |                                         | 10. Was Decedent Ever in U.S. Armed Forces? No                                                                                                                                                                                                                                                                                                                  |  |
| 11. Decedent's Race(s)<br>White                                                                                                                                                                                                                             |                                         | 12. Was Decedent Ever in U.S. Armed Forces? No                                                                                                                                                                                                                                                                                                                  |  |
| 13. Residence: Number and Street<br>952 W Park Street                                                                                                                                                                                                       |                                         | 14. City/Town<br>Grants Pass                                                                                                                                                                                                                                                                                                                                    |  |
| 15. Residence County<br>Josephine                                                                                                                                                                                                                           |                                         | 16. State or Foreign Country<br>Oregon                                                                                                                                                                                                                                                                                                                          |  |
| 17. Zip Code + 4<br>97527                                                                                                                                                                                                                                   |                                         | 18. Inside City Limits? Yes                                                                                                                                                                                                                                                                                                                                     |  |
| 19. Marital Status at Time of Death<br>Married                                                                                                                                                                                                              |                                         | 20. Spouse's Name Prior to First Marriage<br>Ann Lynn Beckstrom                                                                                                                                                                                                                                                                                                 |  |
| 21. Usual Occupation<br>Inventor                                                                                                                                                                                                                            |                                         | 22. Kind of Business/Industry<br>Self-employed                                                                                                                                                                                                                                                                                                                  |  |
| 23. Father's Name<br>Herbert Blair McIntire                                                                                                                                                                                                                 |                                         | 24. Mother's Name Prior to First Marriage<br>Doris May Knudsen                                                                                                                                                                                                                                                                                                  |  |
| 25. Informant's Name<br>Ann Lynn McIntire                                                                                                                                                                                                                   |                                         | 26. Telephone Number<br>Not Available                                                                                                                                                                                                                                                                                                                           |  |
| 27. Relationship to Decedent<br>Spouse                                                                                                                                                                                                                      |                                         | 28. Mailing Address<br>952 W Park Street, Grants Pass, OR 97527                                                                                                                                                                                                                                                                                                 |  |
| 29. Place of Death<br>Decedent's Residence - Hospice                                                                                                                                                                                                        |                                         | 30. Facility Name                                                                                                                                                                                                                                                                                                                                               |  |
| 31. Location of Death<br>952 W Park Street                                                                                                                                                                                                                  |                                         | 32. City/Town or Location of Death<br>Grants Pass                                                                                                                                                                                                                                                                                                               |  |
| 33. State<br>Oregon                                                                                                                                                                                                                                         |                                         | 34. Zip Code + 4<br>97527                                                                                                                                                                                                                                                                                                                                       |  |
| 35. Method of Disposition<br>Cremation                                                                                                                                                                                                                      |                                         | 36. Place of Disposition<br>Hull & Hull Crematory                                                                                                                                                                                                                                                                                                               |  |
| 37. Name and Complete Address of Funeral Facility<br>Hull & Hull Funeral Directors                                                                                                                                                                          |                                         | 38. Date of Disposition<br>TBD                                                                                                                                                                                                                                                                                                                                  |  |
| 39. Funeral Director's Signature<br>Kendra J Johnson                                                                                                                                                                                                        |                                         | 40. OR License Number<br>FS-0331                                                                                                                                                                                                                                                                                                                                |  |
| 41. Registrar's Signature<br>Sharon McDonald, Registrar                                                                                                                                                                                                     |                                         | 42. Date Received<br>July 27, 2020                                                                                                                                                                                                                                                                                                                              |  |
| 43. Amendment                                                                                                                                                                                                                                               |                                         | 44. Local File Number                                                                                                                                                                                                                                                                                                                                           |  |
| 45. Was case referred to Medical Examiner?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                           |                                         | 46. Autopsy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                             |  |
| 47. Were autopsy findings available to complete the cause of death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                  |                                         | 48. Time of Death<br>16:00                                                                                                                                                                                                                                                                                                                                      |  |
| 49. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. |                                         |                                                                                                                                                                                                                                                                                                                                                                 |  |
| Final disease or condition resulting in death:<br>Sequently list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).                               |                                         | IMMEDIATE CAUSE:<br>a. Multiple Myeloma                                                                                                                                                                                                                                                                                                                         |  |
| b. Due to (or as a consequence of) ↓                                                                                                                                                                                                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                 |  |
| c. Due to (or as a consequence of) ↓                                                                                                                                                                                                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                 |  |
| d. Due to (or as a consequence of) ↓                                                                                                                                                                                                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                 |  |
| 50. Other significant conditions contributing to death, but not resulting in the underlying cause given above:                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                 |  |
| 51. Manner of Death<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending              |                                         | 52. If Female<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death |  |
| 53. Date of Injury (month/year)<br>7/15/20                                                                                                                                                                                                                  |                                         | 54. Did tobacco use contribute to death?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                              |  |
| 55. Time of Injury<br>16:00                                                                                                                                                                                                                                 |                                         | 56. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)                                                                                                                                                                                                                                                                         |  |
| 57. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)                                                                                                                                                                              |                                         | 58. Injury at Work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                |  |
| 59. Describe how injury occurred                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                                                                                                                                                                 |  |
| 60. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4)<br>Andrew Pitzak 495 SW Ramsey Grants Pass OR 97527                                                                                                               |                                         | 61. If transportation injury, specify:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)                                                                                                                                                              |  |
| 62. Name and Title of Attending Physician if Other than Certifier                                                                                                                                                                                           |                                         | 63. License Number<br>0023532                                                                                                                                                                                                                                                                                                                                   |  |
| 64. Title of Certifier<br>DO                                                                                                                                                                                                                                |                                         | 65. Date Signed (month/year)<br>July 20, 2020                                                                                                                                                                                                                                                                                                                   |  |
| 66. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.                                                                                                                |                                         | 67. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.                                                                                                                                                                                |  |
| 68. Amendment                                                                                                                                                                                                                                               |                                         |                                                                                                                                                                                                                                                                                                                                                                 |  |

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

45-2DP (01/06)

DATE ISSUED:

July 27, 2020

THIS COPY IS NOT VALID WITHOUT INTAGLID STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, PH.D.  
STATE REGISTRAR

PATENT

RECORDED: 10/27/2020

REEL: 054181 FRAME: 0265