

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6554246

| | | |
|---|--------------------------------|-----------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | |
| NATURE OF CONVEYANCE: | SECURITY INTEREST | |
| CONVEYING PARTY DATA | | |
| | Name | Execution Date |
| | SONEX RESEARCH, INC. | 07/15/2016 |
| RECEIVING PARTY DATA | | |
| Name: | ANDREW A. POURING | |
| Street Address: | 120 TARRAGON LANE | |
| City: | EDGEWATER | |
| State/Country: | MARYLAND | |
| Postal Code: | 21037 | |
| Name: | GEORGE E. PONTICAS | |
| Street Address: | 12240 ROUNDWOOD RD. | |
| Internal Address: | UNIT 103 | |
| City: | TIMONIUM | |
| State/Country: | MARYLAND | |
| Postal Code: | 21093 | |
| Name: | MICHAEL I. KELLER | |
| Street Address: | 1935 HAWTHORNE AVENUE | |
| City: | ALEXANDRIA | |
| State/Country: | VIRGINIA | |
| Postal Code: | 22311 | |
| PROPERTY NUMBERS Total: 1 | | |
| Property Type | Number | |
| Application Number: | 17173974 | |
| CORRESPONDENCE DATA | | |
| Fax Number: | (801)328-1707 | |
| <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> | | |
| Phone: | 8015339800 | |
| Email: | mstringham@wnlaw.com | |
| Correspondent Name: | WORKMAN NYDEGGER | |
| Address Line 1: | 60 E. SOUTH TEMPLE, SUITE 1000 | |
| Address Line 4: | SALT LAKE CITY, UTAH 84111 | |

PATENT

| | |
|---|---------------------|
| ATTORNEY DOCKET NUMBER: | 19808.24 |
| NAME OF SUBMITTER: | JUSTIN J. CASSELL |
| SIGNATURE: | /Justin J. Cassell/ |
| DATE SIGNED: | 02/16/2021 |
| Total Attachments: 5 source=19808-24-SecurityInterest#page1.tif source=19808-24-SecurityInterest#page2.tif source=19808-24-SecurityInterest#page3.tif source=19808-24-SecurityInterest#page4.tif source=19808-24-SecurityInterest#page5.tif | |

UCC-3

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| | |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) George E Ponticas 4102665556 | |
| B. E-MAIL CONTACT AT FILER (optional) george.ponticas@sonex-na.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) George E Ponticas 23 Hudson Street Annapolis, MD 21401 | |

MD DEPT. OF ASSESSMENTS & TAXATION

160715-1358001 NS
Lapse Date: 08/26/2021

| | |
|----------------------------|-----------|
| Date: | 7/15/2016 |
| Time: | 1:58 PM |
| Page Count: | 1 Pg |
| Debtor Count: | 0 |
| Filing Fees: | \$25.00 |
| Electronic Records Access: | \$0.00 |
| Total: | \$25.00 |
| Order ID# | 11577862 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 0000000181429436 (1st)

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☒ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record

☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c

☐ ADD name: Complete item 7a or 7b, and item 7c

☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

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

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here ☒ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

SONEX RESEARCH, INC.

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

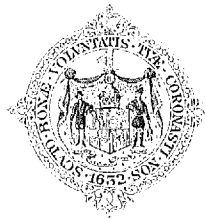
10. OPTIONAL FILER REFERENCE DATA:

PATENT (Rev. 04/20/11)

REEL: 055276 FRAME: 0234

State of Maryland
**Department of
Assessments and Taxation**

Charter Division



Martin O'Malley
Governor

Robert E. Young
Director

Paul B. Anderson
Administrator

Date: 09/26/2011

SONEX RESEARCH, INC.
23 HUDSON STREET
ANNAPOLIS MD 20401

This letter is to confirm acceptance of the following filing:

FILE NUMBER : 0000000181429436
TYPE OF REQUEST : ORIG FIN STMT
DATE FILED : 08/26/2011
TIME FILED : 11:47 AM
BASE FEE : \$25.00
ACKNOWLEDGEMENT : 1000362002307728
CUSTOMER ID : 0002647755
WORK ORDER NUMBER : 0003864335

First

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK ORDER NUMBER ON ANY INQUIRIES.

UCC Division
Baltimore Metro Area (410) 767-1459
Outside Metro Area (888) 246-5941

301 West Preston Street-Room 801-Baltimore, Maryland 21201-2395
Toll free in Maryland (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice- Fax (410) 333-7097
Website: www.dat.state.md.us

0007292469

PATENT UACCP

REEL: 055276 FRAME: 0235

CUST ID:0002647755
WORK ORDER:0003864335
DATE:09-26-2011 11:47 AM
AMT. PAID:\$25.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

George E. Ponticas 410-266-5556

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Sonex Research, Inc.
Attn: George E. Ponticas, CFO
23 Hudson Street
Annapolis, MD 20401

AUG 26 2011

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

Sonex Research, Inc.

OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS

23 Hudson Street

CITY

Annapolis

STATE

MD

POSTAL CODE

21401

COUNTRY

U.S.

1d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

Corporation

1f. JURISDICTION OF ORGANIZATION

Maryland

1g. ORGANIZATIONAL ID #, if any

D01131762

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Pouring

Andrew

A.

3c. MAILING ADDRESS

CITY

Edgewater

STATE

MD

POSTAL CODE

21037

COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

All patents and trademarks registrations and applications made by, or on behalf of, the Debtor to the U.S. Patent and Trademark Office or to any similar office or agency of any foreign country or political subdivision thereof for the registration, now of record (U.S. patent #'s 6,178,942 B1 granted 1/30/01, 5,862,788 granted 1/26/99, 5,855,192 granted 1/5/99, and related foreign patents, and the trademark SONEX) or in the future to become of record, subject to that certain First Loan and Security Agreement effective January 7, 2005 between Secured Party as Creditor and the Debtor, and subject to any and all existing and future schedules entered into pursuant to and incorporating said agreement.

Note: The Security Interests in such collateral are subordinated to the November 6, 2006 Exclusive License Agreement entered into by and between Sonex Research, Inc. and Insitu, Inc. (including, without limitation, any and all rights, licenses and interests granted to Insitu, Inc. thereunder) and are subject to the provisions of the October 4, 2006 Subordination Agreement between Insitu, Inc. and the Secured Parties.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2
8. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

| | | |
|--------------------------------|------------|---------------------|
| 9a. ORGANIZATION'S NAME | | |
| OR Sonex Research, Inc. | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

| | | | | |
|------------------------------|-----------------------------------|---------------------------|-----------------------------------|--|
| 11a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE COUNTRY |
| 11d. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |

12. ☒ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

| | | | |
|-------------------------------------|-----------------|-------------|---------------------|
| 12a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| Ponticas | George | E. | |
| 12c. MAILING ADDRESS | CITY | STATE | POSTAL CODE COUNTRY |
| 12240 Roundwood Rd, Unit 103 | Timonium | MD | 21093 |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR **Sonex Research, Inc.**

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE

12. ☒ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR 12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

Keller

Michael

I.

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

1935 Hawthorne Avenue

Alexandria

VA

22311

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

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☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/22/02)

PATENT

RECORDED: 02/16/2021

REEL: 055276 FRAME: 0238