

<b>PATENT ASSIGNMENT COVER SHEET</b>
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EPAS ID: PAT6595746

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
THOMAS F. QUINN JR	02/22/2013
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	ITIP DEVELOPMENT, LLC
<b>Street Address:</b>	3919 LAKESHORE ROAD
<b>City:</b>	LEXINGTON
<b>State/Country:</b>	MICHIGAN
<b>Postal Code:</b>	48450
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	16438675
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(616)957-8196
<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>	616-949-9610
<b>Email:</b>	ptomail@priceheneveld.com
<b>Correspondent Name:</b>	KEVIN T. GRZELAK/PRICE HENEVELD LLP
<b>Address Line 1:</b>	695 KENMOOR AVENUE SE
<b>Address Line 2:</b>	PO BOX 2567
<b>Address Line 4:</b>	GRAND RAPIDS, MICHIGAN 49501-2567
<b>ATTORNEY DOCKET NUMBER:</b>	ITI002 P308A
<b>NAME OF SUBMITTER:</b>	KEVIN T. GRZELAK
<b>SIGNATURE:</b>	/Kevin T. Grzelak/
<b>DATE SIGNED:</b>	03/11/2021
<b>Total Attachments: 2</b>	
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**ASSIGNMENT**

WHEREAS, I, the undersigned, residing at the indicated address given next to my name below, have made an invention entitled, "PATENT LIFE CYCLE MANAGEMENT SYSTEM", which is described in the following priority Patent Application number(s):

<b>Application Number</b>	<b>Application Date</b>	<b>Application Country</b>
<b>61/603119</b>	<b>2/24/2012</b>	<b>US</b>
<b>61/613134</b>	<b>3/20/2012</b>	<b>US</b>

WHEREAS, ITIP Development, LLC, 3919 Lakeshore Road, Lexington, Michigan 48450, Phone: 810-359-8480, desires to acquire the entire right, title and interest in and to said invention and in, to and under any Patent Applications which may be filed and any Letters Patent granted covering the invention in the United States and in any and all other countries.

NOW, THEREFORE, for good and valuable consideration which is hereby acknowledged, I, the undersigned, hereby sell, assign, and transfer to said ITIP Development, LLC, 3919 Lakeshore Road, Lexington, Michigan 48450, Phone: 810-359-8480, its successors and assigns, the entire right, title and interest to the said invention in the United States and in all other countries and the entire right, title, and interest in and to any and all patent applications covering the above invention, including the above identified application(s) and any and all corresponding and related applications in the United States and all other countries, and the entire right, title, and interest in and to any and all Letters Patent which may be granted covering the invention in the United States and in any and all other countries and in and to any and all divisions, reissues, continuations, and extensions thereof, to the extent that I am an inventor of such invention and I covenant that I have the full right to do so.

I hereby authorize and request the Patent Office Officials in the United States and in any and all other countries to issue any and all of said Letters Patent, when granted, to ITIP Development, LLC, 3919 Lakeshore Road, Lexington, Michigan 48450, Phone: 810-359-8480, as the assignee of the entire right, title and interest in and to the same, for the sole use of ITIP Development, LLC, 3919 Lakeshore Road, Lexington, Michigan 48450, Phone: 810-359-8480, its successors and assigns. I further agree that I will communicate to ITIP Development, LLC, 3919 Lakeshore Road, Lexington, Michigan 48450, Phone: 810-359-8480 or its representatives or agents all facts and information known or available to me regarding said invention whenever requested; I will testify in any interference or other legal proceeding; I will execute and deliver, on request, all lawful papers including original, divisional, continuing and reissue applications, renewals, assignments, powers of attorney, oaths, affidavits, depositions, etc. and generally do everything possible to aid said ITIP Development, LLC, 3919 Lakeshore Road, Lexington, Michigan 48450, Phone: 810-359-8480, its successors and assigns, at its expense, in obtaining and enforcing proper protection for said invention in the United States and all other countries.

This Assignment shall be effective the earlier of: the date of my signature as indicated next to my name below, or the date of the last priority filing listed above.

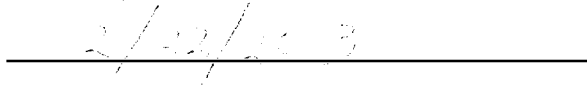
IN TESTIMONY WHEREOF, I hereby execute this assignment:

**Inventor Name:** Thomas F. Quinn, Jr.

**Signature:**



**Date:**



**Mailing Address:** 3919 Lakeshore Road  
Lexington, Michigan 48450

**Citizen of:** USA