

PATENT ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

EPAS ID: PAT6675429

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
GAL BEN DAVID	01/15/2019
AMIR HOZEZ	01/10/2019
ALON ARVATZ	01/27/2019
GUY NIZAN	04/08/2019
SHMUEL UR	01/15/2019
RECEIVING PARTY DATA	
Name:	INTSIGHTS CYBER INTELLIGENCE LTD.
Street Address:	30 HA'ARBAA STREET
City:	TEL AVIV
State/Country:	ISRAEL
Postal Code:	6473926
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16242018
CORRESPONDENCE DATA	
Fax Number:	
<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:	203-423-0235
Email:	roy@rgrosslaw.com
Correspondent Name:	THE ROY GROSS LAW FIRM, LLC
Address Line 1:	50 WASHINGTON STREET
Address Line 2:	SUITE 737/745
Address Line 4:	NORWALK, CONNECTICUT 06854
ATTORNEY DOCKET NUMBER:	08532-P0005A
NAME OF SUBMITTER:	ROY D. GROSS
SIGNATURE:	/Roy D. Gross/
DATE SIGNED:	04/26/2021
Total Attachments: 6	

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ASSIGNMENT

In consideration of One Dollar (\$1.00), and other good and valuable consideration, the Receipt of which is hereby acknowledged, we the undersigned, Gal BEN DAVID residing at 23 Rachel HaMeshoreret St., Petah Tikva 4950423, Israel; Amir HOZEZ residing at 6 Harama St., Ganei Tiqwa 5592306, Israel; Alon ARVATZ residing at 23 Hayovel St., Raanana 4340016, Israel; Guy NIZAN residing at 30 W 63rd Street, Apt 19R New York, NY 10023, USA and Shmuel UR residing at 10 Ella St., Shorashim 2016400, Israel (hereinafter, the "Assignor")

Hereby sell, assign and transfer to IntSights Cyber Intelligence Ltd., an Israeli company located at 30 Ha'arbaa Street, Tel Aviv 6473926, Israel; its successors, assigns and legal representatives (hereinafter, the "Assignee"), the entire right, title and interest for all countries, in and to any and all inventions which are disclosed and claimed, and as possessed by the undersigned, any and all inventions which are disclosed but not claimed in United States Patent Application No. 16/242,018 filed on January 8, 2019 and is entitled

SYSTEM AND METHOD FOR DETECTING LEAKED DOCUMENTS ON A COMPUTER NETWORK

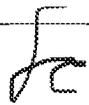
and in and to said application and all divisional, continuing, substitute, renewal, reissue, and all other applications for U.S. Letters Patent or other related property rights in any and all foreign countries which have been or shall be filed on any of said inventions disclosed in said application; and in and to all original and reissued patents or related foreign documents which have been or shall be issued on said inventions; and including the Assignor's right in and to all revenue, income, royalties, damages and payments now or hereafter due or payable with respect to any Letters Patent which may be granted, and in and to all causes of action (either in law or in equity), and the right to sue, counterclaim, and recover for past, present and future infringement of the rights assigned or to be assigned under this Assignment;

Authorize and request the Commissioner of Patents of the United States to issue to said Assignee, the corporation above named, its successors, assigns and legal representatives, in accordance with this assignment, any and all United States Letters Patent on said inventions or any of them disclosed in said application;

Agree that said Assignee may apply for and receive foreign Letters Patent or rights of any other kind for said inventions, or any of them; and may claim, in applications for said foreign Letters Patent or other rights, the priority of the aforesaid United States patent application under the provisions of the

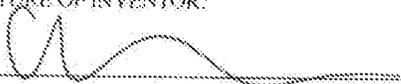
International Convention of 1883 and later modifications thereof, under the Patent Cooperation Treaty, under the European Patent Convention or under any other available international agreement; and that, when requested, without charge to, but at the expense of, said Assignee, its successors, assigns and legal representatives, to carry out in good faith the intent and purpose of this assignment, the under-signed or the undersigned's executors or administrators will, for the United States and all foreign countries, execute all divisional, continuing, substitute, renewal, reissue, and all other patent applications or other documents on any and all said inventions; execute all rightful oaths, assignments, powers of attorney and other papers; communicate to said Assignee, its successors, assigns and representatives, all facts known and documents available to the undersigned relating to said inventions and the history thereof; testify in all legal proceedings; and generally do everything possible which said Assignee, its successors, assigns or representatives shall consider desirable for aiding in securing, maintaining and enforcing proper patent protection for said inventions and for vesting title to said inventions and all applications for patents or related foreign rights and all patents on said inventions, in said Assignee, its successors, assigns and legal representatives; and

COVENANT with said Assignee, its successors, assigns and legal representatives that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by the undersigned, and that full right to convey the same as herein expressed is possessed by the undersigned.

FULL NAME OF INVENTOR: Gal BEN DAVID	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS:
DATE: <u>15 / 01 / 2019</u> (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Amir HOZEZ	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

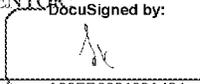
FULL NAME OF INVENTOR: Alon ARVATZ	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Goy NIZAN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS:
DATE: <u>08/04/2019</u> (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Shmuel UR	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

Docket No.: P-583869-US

FULL NAME OF INVENTOR: Amir HOZEZ	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Alon ARVATZ	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:  <small>A98ED889183A434...</small>	SIGNATURE OF WITNESS:
DATE: 1/27/2019 (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Guy NIZAN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Shmuel UR	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Amir HOZEZ	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Alon ARVATZ	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Guy NIZAN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Shmuel UR	FULL NAME OF WITNESS: <i>Noa Sebel - Dvora</i>
SIGNATURE OF INVENTOR: <i>Shmuel UR</i>	SIGNATURE OF WITNESS: <i>Noa Sebel</i>
DATE: <u>15 1 2019</u> (day / month / year)	ADDRESS OF WITNESS: <i>Gedera, Ashdod 68 of Israel</i>

FULL NAME OF INVENTOR: Amir HOZEZ	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS:
DATE: <u>10/01/19</u> (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Alon ARVATZ	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Guy NIZAN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Shmuel UR	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS: