

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT6726956

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	LIEN
CONVEYING PARTY DATA	
Name	Execution Date
GEMMACERT LTD.	05/25/2021
RECEIVING PARTY DATA	
Name:	RIVERPARK STRATEGIC INCOME FUND
Street Address:	9205 WEST RUSSELL ROAD, SUITE 400
City:	OAKS
State/Country:	PENNSYLVANIA
Postal Code:	19456
Name:	DESTINATIONS GLOBAL FIXED INCOME OPPORTUNITIES FUND
Street Address:	1055 WESTLAKES DRIVE SUITE 250
City:	BERWYN
State/Country:	PENNSYLVANIA
Postal Code:	19312
PROPERTY NUMBERS Total: 3	
Property Type	Number
Patent Number:	10458908
PCT Number:	IL2017050130
PCT Number:	US2019015941
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:	0548440818
Email:	dekelltd@netvision.net.il
Correspondent Name:	DEKEL PATENT LTD
Address Line 1:	18 MENUHA VENAHALA STREET
Address Line 4:	REHOVOT, ISRAEL 7620921
ATTORNEY DOCKET NUMBER:	2764
NAME OF SUBMITTER:	DAVID KLEIN
SIGNATURE:	/David Klein/

DATE SIGNED:	05/25/2021
Total Attachments: 3 source=2764_Gemmacert_lien#page1.tif source=2764_Gemmacert_lien#page2.tif source=2764_Gemmacert_lien#page3.tif	

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

NAME & PHONE OF CONTACT AT FILER (optional) Guy Setton												
E-MAIL CONTACT AT FILER (optional)												
SEND ACKNOWLEDGMENT TO: (Name and Address)												
<table border="1"> <tr> <td>Guy Setton, CEO</td> <td></td> </tr> <tr> <td>GemmaCert Ltd.</td> <td></td> </tr> <tr> <td>8 Ha-Masger Street</td> <td></td> </tr> <tr> <td>P.O.Box 4377</td> <td></td> </tr> <tr> <td>Raanana 4365707</td> <td></td> </tr> <tr> <td>Israel</td> <td></td> </tr> </table>	Guy Setton, CEO		GemmaCert Ltd.		8 Ha-Masger Street		P.O.Box 4377		Raanana 4365707		Israel	
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME GemmaCert Ltd.	OR		1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS P.O. Box 4377	CITY Raanana	STATE	POSTAL CODE 4365707	COUNTRY Israel		

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 Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME	OR		2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME RiverPark Strategic Income Fund	OR		3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 9205 West Russell Road, Suite 400	CITY Oaks	STAT E PA	POSTAL CODE 19456	COUNTRY USA		

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now owned or existing or hereafter acquired or arising, and wherever located.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser		
8. OPTIONAL FILER REFERENCE DATA:		

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME GemmaCert Ltd.	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME				
OR				
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME				
OR				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME Destinations Global Fixed Income Opportunities Fund				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS 1055 Westlakes Drive Suite 250	CITY Berwyn	STATE PA	POSTAL CODE 19312	COUNTRY USA

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. MISCELLANEOUS: