506680139 05/25/2021

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
Name: Street Address:	DESTINATIONS GLOBAL FIXED INCOME OPPORTUNITIES FUND 1055 WESTLAKES DRIVE SUITE 250
Street Address:	1055 WESTLAKES DRIVE SUITE 250

PROPERTY NUMBERS Total: 3

Property Type	Number
Patent Number:	10458908
PCT Number:	IL2017050130
PCT Number:	US2019015941

CORRESPONDENCE DATA

Fax Number:

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.

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/

PATENT REEL: 056359 FRAME: 0814

506680139

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

PATENT REEL: 056359 FRAME: 0815

Guy Setton E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Guy Setton, CEO GemmaCert Ltd. 3 Ha-Masger Street P.O. Box 4377 Raanana 4365707 Israel 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 name will not fit in line 1b, leave all of idem 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad 1b. Individual Surranie GemmaCert Ltd. 1c. MALING ADDRESS CITY P.O. Box 4377 Raanana STATE POSTAL CODE 1Statement Addendum (Form UCC1Ad 2a. ORGANIZATION'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 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SIGNORIZATION'S NAME OR ALLING ADDRESS CITY STATE POSTAL CODE COUN SIGNORIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b) SignORGANIZATION'S NAME RiverPark Strategic Income Fund SignOpyloual S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUPFI	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)		-			
SEND ACKNOWLEDGMENT TO: (Name and Address) Guy Setton, CEO GemmaCert Ltd. 8 Ha-Masger Street P.O.Box 4377 Raanana 4365707 Israel DEBTOR'S NAME: Provide only one Debtor name (1a or 1h) (see need. full name, do not one), mostly, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor information is iden 10 of the Financing Statement Addendum (From UCC) (Additionane with one) to line to leave all of dien 1 blank, check here and provide the Individual Debtor information is iden 10 of the Financing Statement Addendum (From UCC) (Additionane with one) to line to leave all of dien 1 blank, check here and provide the Individual Debtor information is iden 10 of the Financing Statement Addendum (From UCC) (Additional Name (5)) to 10 pt. (1b) pt. (1c) pt. (1	Guy Setton		_			
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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 local	3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME RiverPark Strategic Income Full	ASSIGNOR SECURED PAI		d Party name (3a c	or 3b)	COUNTRY
5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and instructions being administered by a Decedent's Personal Represe	3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME OR Sh. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS	ASSIGNOR SECURED PAI THE PROPERTY OF THE PER PER PER PER PER PER PER PER PER PE		d Party name (3a c	AL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
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6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility 6a. Check only if applicable and check only one box: A Debtor is a Transmitting Utility 6b. Check only if applicable and check only one box: A Debtor is a Transmitting Utility	3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME RiverPark Strategic Income Full 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 9205 West Russell Road, Suite 400 4. COLLATERAL: This financing statement covers the following All assets of the Debtor, whether now 5. Check only if applicable and check only one box: Collateral is	rassignor secured parents nd First per CITY Oaks collateral:	sonal NAME	d Party name (3a of ADDITION STAT E PA	POSTAL CODE 19456 sing, and wherevered by a Decedent's Personal	SUFFIX COUNTR USA er located.

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UCC FINANCING STATEMENT ADDITIONAL PARTY FOLLOW INSTRUCTIONS

18.	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement	t; if line 1b was left	blank	1			
	because Individual Debtor name did not fit, check here			_			
	18a. ORGANIZATION'S NAME						
	GemmaCert Ltd.]			
OR]			
0.1	18b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	1			
				THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY
19.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, f	full name; do not	omit, modify, or abbi	eviate anv i	part of the Debtor's name)	
	19a. ORGANIZATION'S NAME	,,,	•	, ,,	- ,	,	
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
		CITY			STATE	POSTAL CODE	COUNTRY
1 9 0	: MAILING ADDRESS	CITY			SIAIE	POSTAL CODE	COUNTRY
_							
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	20b) (use exact, f	full name; do not	omit, modify, or abbr	eviate any p	part of the Debtor's name)	
	20a. ORGANIZATION'S NAME						
ΩR							
OIX	20b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
200	: MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exact, f	full name; do not	omit, modify, or abbi	eviate anv i	part of the Debtor's name)	•
	21a. ORGANIZATION'S NAME		·	•		,	
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
210	I	CITY			STATE	POSTAL CODE	COUNTRY
210	. MAILING ADDITION						
		<u> </u>					
22.		R SECURED	PARTY'S N.	AME: Provide only	one name (22a or 22b)	
	22a. ORGANIZATION'S NAME Destinations Global Fixed Income Opportunities Fund						
OR	• •						
0.1	22b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
	: MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
10	55 Westlakes Drive Suite 250	Berwyn			PA	19312	USA
23.	☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNO	R SECURED	PARTY'S N	AME: Provide only	one name (23a or 23b)	
	23a. ORGANIZATION'S NAME						
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS CITY					STATE	POSTAL CODE	COUNTRY
∠30	. WAILING ADDRESS						
	MISSELLANICOLIS	L				1	
24.	MISCELLANEOUS:						

PATENT REEL: 056359 FRAME: 0818

RECORDED: 05/25/2021