

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7090045

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
CARMI ARAD	12/21/2021
GUY KOREN	12/22/2021
GAL MALACH	12/22/2021
EREZ SHAIZAF	12/21/2021
RECEIVING PARTY DATA	
Name:	XSIGHT LABS LTD.
Street Address:	REHOV LESHEM 1
City:	KIRYAT GAT
State/Country:	ISRAEL
Postal Code:	8258401
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16747574
CORRESPONDENCE DATA	
Fax Number:	(703)683-4707
<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:	+972523448334
Email:	OREN@I-P.CO.IL
Correspondent Name:	RECHES PATENTS
Address Line 1:	HAARBA"A TOWERS
Address Line 2:	NORTH TOWER
Address Line 4:	TEL AVIV, ISRAEL 6473925
ATTORNEY DOCKET NUMBER:	9300-US
NAME OF SUBMITTER:	ERIN D. GERAGHTY
SIGNATURE:	/Erin D. Geraghty/
DATE SIGNED:	12/22/2021
Total Attachments: 9	
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source=9300-US_Assignment-form_20210205SIGNED-guy#page2.tif	

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source=9300-US_Asignment-form_20210205[43]gal#page2.tif
source=9300-US_Asignment-form_20210205[43]gal#page3.tif

ASSIGNMENT AND AGREEMENT

FOR good and valuable consideration, the receipt of which is hereby acknowledged, I/ we

Carmi Arad
GUY KOREN
Gal Malach
Erez Shaizaf

have sold, assigned and transferred, and do hereby sell, assign and transfer, unto XSIGHT LABS LTD.

a corporation having its principal place of business at Rehov Leshem 1
Kiryat Gat, 8258401
Israel

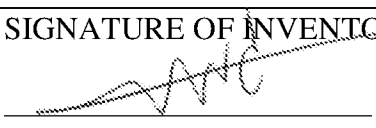
; and its successors, assigns, and legal representatives, the entire right, title and interest in Patent /Patent application serial number 16/747,574 and is entitled RESPONDING TO A FAILURE OF A MAIN DIE OF A SWITCH DATA-PLANE DEVICE

Together with the entire right, title and interest in and to the application, and in and to Letters Patent which may be issued upon the application, and upon any division, extension, continuation or reissue thereof or any foreign patent application which claims priority from the application;

We hereby waive any claim to obtain any additional benefits (including royalties) in relation to each and every of the following patents and patent applications or to the subject matter disclosed in each and every of the following patents and patent applications or in any patent or patent application that claims priority from each and every of the following patents and patent applications, or any other patent application related to the subject matter of each and every of the following patents and patent applications.

FULL NAME OF INVENTOR: Carmi Arad	FULL NAME OF WITNESS: _____
--	------------------------------------

SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR: GUY KOREN	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR:  _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: 12/22/2021 _____	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR: Gal Malach	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR: Erez Shaizaf	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR:	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
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a corporation having its principal place of business at Rehov Leshem 1 Kiryat Gat, 8258401 Israel

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FULL NAME OF INVENTOR: Carmi Arad	FULL NAME OF WITNESS: _____
--	------------------------------------

SIGNATURE OF INVENTOR:  _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: 21-Dec-2021 _____	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR: GUY KOREN	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR: Gal Malach	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____

DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____
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FULL NAME OF INVENTOR: Erez Shaizaf	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR:  _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: 21 Dec 2021	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR: _____	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____

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FULL NAME OF INVENTOR:

Carmi Arad

FULL NAME OF WITNESS:

SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR: GUY KOREN	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR: Gal Malach	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR:  _____	SIGNATURE OF WITNESS: _____

DATE OF SIGNATURE: <u>12/22/2021</u>	ADDRESS OF WITNESS: _____
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FULL NAME OF INVENTOR: Erez Shaizaf	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____

FULL NAME OF INVENTOR:	FULL NAME OF WITNESS: _____
SIGNATURE OF INVENTOR: _____	SIGNATURE OF WITNESS: _____
DATE OF SIGNATURE: _____	ADDRESS OF WITNESS: _____