# 508057835 08/09/2023

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT8104989

| SUBMISSION TYPE:   |   | NEW ASSIGNMENT  |                |  |  |
|--|---|---|----------------|--|--|
| NATURE OF CONVEYANCE:  |   | ASSIGNMENT  | ASSIGNMENT     |  |  |
| CONVEYING PARTY D  | ΑΤΑ   |   |                |  |  |
|  |   | Name  | Execution Date |  |  |
| GADI AMIT  |   |   | 11/11/2022     |  |  |
| YURI LITVINOV  |   |   | 11/16/2022     |  |  |
| RECEIVING PARTY DA   |   |   |                |  |  |
| Name:  |   | BIRD CONNECTED CARE, INC.   |                |  |  |
| Street Address:  | PO BO>  | K 369   |                |  |  |
| City:  | FALL C  | FALL CITY   |                |  |  |
| State/Country:   | WASHI   | NGTON   |                |  |  |
| Postal Code:   | 98024   |   |                |  |  |
| Property Type  |   | Number  |                |  |  |
| Application Number:  | · ·   | 18314679  |                |  |  |
|  | I   |   |                |  |  |
| CORRESPONDENCE D   | ΑΤΑ   |   |                |  |  |
|  |   |   |                |  |  |
| Fax Number:  |   | (206)359-7198   |                |  |  |
| Correspondence will b  | e sent to   | the e-mail address first; if that is unsu   |                |  |  |
| Correspondence will b  | e sent to<br>provided   |   |                |  |  |
| Correspondence will b<br>using a fax number, if  | e sent to<br>provided   | the e-mail address first; if that is unsu;<br>; if that is unsuccessful, it will be sent  |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:   | e sent to<br>provided<br>2  | <i>the e-mail address first; if that is unsu; if that is unsu; if that is unsuccessful, it will be sent</i> 2063598000  |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:  | e sent to<br>provided<br>2<br>5<br>5<br>6<br>6  | <i>the e-mail address first; if that is unsu; if that is unsuccessful, it will be sent</i><br>2063598000<br>patentprocurement@perkinscoie.com<br>PERKINS COIE LLP<br>PO BOX 1247  |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:   | e sent to<br>provided<br>2<br>5<br>5<br>6<br>6  | the e-mail address first; if that is unsu<br>; if that is unsuccessful, it will be sent<br>2063598000<br>patentprocurement@perkinscoie.com<br>PERKINS COIE LLP  |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:   | e sent to<br>provided<br>{<br> <br>                      | <i>the e-mail address first; if that is unsu; if that is unsuccessful, it will be sent</i><br>2063598000<br>patentprocurement@perkinscoie.com<br>PERKINS COIE LLP<br>PO BOX 1247  |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:   | e sent to<br>provided<br>{<br> <br>                      | <i>the e-mail address first; if that is unsu; if that is unsuccessful, it will be sent</i><br>2063598000<br>patentprocurement@perkinscoie.com<br>PERKINS COIE LLP<br>PO BOX 1247<br>SEATTLE, WASHINGTON 98111-1247  |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET NUNAME OF SUBMITTER:   | e sent to<br>provided<br>{<br> <br>                      | the e-mail address first; if that is unsu<br>; if that is unsuccessful, it will be sent<br>2063598000<br>patentprocurement@perkinscoie.com<br>PERKINS COIE LLP<br>PO BOX 1247<br>SEATTLE, WASHINGTON 98111-1247<br>137536.8004.US02   |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET NUNAME OF SUBMITTER:<br>SIGNATURE:   | e sent to<br>provided<br>{<br> <br>                      | the e-mail address first; if that is unsu<br>; if that is unsuccessful, it will be sent<br>2063598000<br>patentprocurement@perkinscoie.com<br>PERKINS COIE LLP<br>PO BOX 1247<br>SEATTLE, WASHINGTON 98111-1247<br>137536.8004.US02<br>TORI ASHFORD-DOWNING   |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:  | e sent to<br>provided<br>{<br> <br>                      | the e-mail address first; if that is unsu<br>; if that is unsuccessful, it will be sent<br>2063598000<br>patentprocurement@perkinscoie.com<br>PERKINS COIE LLP<br>PO BOX 1247<br>SEATTLE, WASHINGTON 98111-1247<br>137536.8004.US02<br>TORI ASHFORD-DOWNING<br>/Tori Ashford-Downing/   |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET NUNAME OF SUBMITTER:<br>SIGNATURE:<br>DATE SIGNED:<br>Total Attachments: 5                               | e sent to<br>provided<br>7<br>8<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9 | the e-mail address first; if that is unsu<br>; if that is unsuccessful, it will be sent<br>2063598000<br>Datentprocurement@perkinscoie.com<br>PERKINS COIE LLP<br>PO BOX 1247<br>SEATTLE, WASHINGTON 98111-1247<br>137536.8004.US02<br>TORI ASHFORD-DOWNING<br>/Tori Ashford-Downing/<br>08/09/2023   | ,              |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET NUNAME OF SUBMITTER:<br>SIGNATURE:<br>DATE SIGNED:   | e sent to<br>provided<br>2<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5      | the e-mail address first; if that is unsuccessful, it will be sent2063598000patentprocurement@perkinscoie.comPERKINS COIE LLPPO BOX 1247SEATTLE, WASHINGTON 98111-1247137536.8004.US02TORI ASHFORD-DOWNING/Tori Ashford-Downing/08/09/2023  |                |  |  |
| Correspondence will b<br>using a fax number, if<br>Phone:<br>Email:<br>Correspondent Name:<br>Address Line 1:<br>Address Line 4:<br>ATTORNEY DOCKET NU<br>NAME OF SUBMITTER:<br>SIGNATURE:<br>DATE SIGNED:<br>Total Attachments: 5<br>source=Assignment 1375 | e sent to<br>provided<br>2<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5      | the e-mail address first; if that is unsu<br>; if that is unsuccessful, it will be sent<br>2063598000<br>patentprocurement@perkinscoie.com<br>PERKINS COIE LLP<br>PO BOX 1247<br>SEATTLE, WASHINGTON 98111-1247<br>137536.8004.US02<br>TORI ASHFORD-DOWNING<br>/Tori Ashford-Downing/<br>08/09/2023<br>JS02#page1.tif<br>JS02#page2.tif<br>JS02#page3.tif |                |  |  |

source=Assignment 137536.8004.US02#page4.tif source=Assignment 137536.8004.US02#page5.tif

#### **ASSIGNMENT BY INVENTORS**

This Assignment is by the following individuals (the "Assignors"):

- Gadi Amit having a mailing address of PO Box 369, Fall City, WA 98024; and
- Yuri Litvinov having a mailing address of PO Box 369, Fall City, WA 98024.

The Assignors invented one or more certain inventions (the "Invention(s)") described in an application for Letters Patent of the United States, which was filed on December 1, 2021 as U.S. Provisional Application No. 63/285,039, and entitled TWO-STAGE CLASP MECHANISM FOR A WEARABLE DEVICE, AND RELATED SYSTEMS AND METHODS (the "Application(s)").

Littlebird Connected Care, Inc. (previously known as Piece of Mind Labs, Inc.), a corporation of Delaware having its principal place of business at PO Box 369, Fall City, WA 98024 (the "Assignee"), desires to acquire the entire right, title and interest in and to the Invention(s) and the Application(s), and in and to any patents (collectively, "Patents") that may be granted for the Invention(s) in the United States or in any foreign countries.

For valuable consideration, the receipt and sufficiency of which Assignors acknowledge, Assignors hereby sell, assign, and transfer to Assignee, its successors, legal representatives and assigns, the entire right, title and interest in and to: the Invention(s), the Application(s), and any Patents; any divisions, continuations, and continuations-in-part of the Application and any other application claiming priority rights from the Application(s); any reissues, reexaminations, or extensions of any and all Patents; the right to file foreign applications directly in the name of Assignee; and the right to claim priority rights deriving from the Application(s) (collectively, the "Rights"). Assignors warrant that Assignors own the Rights, and that the Rights are unencumbered. Assignors also agree to not sign any writing or do any act conflicting

1

Patent Assignment for U.S. Application No. 63/285,039

Title: TWO-STAGE CLASP MECHANISM FOR A WEARABLE DEVICE, AND RELATED SYSTEMS AND METHODS 154954009.1

PATENT REEL: 064539 FRAME: 0114 with this assignment, and, without further compensation, sign all documents and do such additional acts as Assignee deem necessary or desirable to: perfect Assignee's enjoyment of the Rights; conduct proceedings regarding the Rights, including any litigation or interference proceedings; or perfect or defend title to the Rights. Assignors request the Commissioner of Patents to issue any Patent of the United States that may be issued on the Invention(s) to Assignee. This Assignment may be executed in counterparts.

### PATENT REEL: 064539 FRAME: 0115

#### For Littlebird Connected Care, Inc.:

| 11/11/2022<br>Date: | Signature Monica M. Mlson Plath<br>Authorized Signer |  |
|---------------------|--|--|
|                     | Monica M. Nelson Plath                               |  |
|                     | Authorized Signer – Printed Name                     |  |
|                     | CE0/Founder  |  |
| x                   | Authorized Signer – Title                            |  |

I certify that I know or have satisfactory evidence that

(insert name of authorized signer for Littlebird Connected Care, Inc.)

signed this instrument of his own free will, as a voluntary act for the uses and purposes mentioned in the instrument.

(Type or Print Name of Witness) (Signature of Witness)

3

11/11/2022

| 4 | , Doci         | Signed 1 | oy:    |   |
|---|----------------|----------|--------|---|
|   | بمنتخذ والمستع | T 18     | mar of |   |
|   | 1 8            | st v     | ANK    |   |
|   | human          | ~ W _ C  | GC     |   |
|   | Hills in month | 43933225 | \$181  | ÷ |

Gadi Amit

Date

I certify that I know or have satisfactory evidence that Gadi Amit signed this instrument of his own free will, as a voluntary act for the uses and purposes mentioned in the instrument.

Date \_\_\_\_\_

Signed at

.....

-----

(Type or Print)

(Type or Print Name of Witness) (Signature of Witness)

4

11/16/2022

Yuri Litvinov

Date

I certify that I know or have satisfactory evidence that Yuri Litvinov signed this instrument of his own free will, as a voluntary act for the uses and purposes mentioned in the instrument.

Date \_\_\_\_\_

Signed at\_\_\_\_\_

(Type or Print)

(Type or Print Name of Witness)

(Signature of Witness)

Patent Assignment for U.S. Application No. 63/285,039 Title: TWO-STAGE CLASP MECHANISM FOR A WEARABLE DEVICE, AND RELATED SYSTEMS AND METHODS 154954009.1

## RECORDED: 08/09/2023

### PATENT REEL: 064539 FRAME: 0118

5