

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM381156

| | | | |
|---|--|-----------------------|--------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Intersect Partners, LLC | | 04/19/2016 | Limited Liability Company: NEVADA |
| RECEIVING PARTY DATA | | | |
| Name: | Fresca Medical, Inc. | | |
| Street Address: | 1120 Calle Cordillera | | |
| Internal Address: | Suite 102 | | |
| City: | San Clemente | | |
| State/Country: | CALIFORNIA | | |
| Postal Code: | 92673 | | |
| Entity Type: | Corporation: DELAWARE | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 4932703 | FRESCA MEDICAL | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 7609428515 | | |
| <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: | 7609428505 | | |
| Email: | RBerkowitz@CoastLawGroup.com | | |
| Correspondent Name: | Robert Berkowitz | | |
| Address Line 1: | 1140 S. Coast Hwy. 101 | | |
| Address Line 4: | Encinitas, CALIFORNIA 92024 | | |
| ATTORNEY DOCKET NUMBER: | FRESCA MEDICAL ASSIGNMENT | | |
| NAME OF SUBMITTER: | Robert Berkowitz | | |
| SIGNATURE: | /~RHB~/ | | |
| DATE SIGNED: | 04/19/2016 | | |
| Total Attachments: 4 | | | |
| source=Fresca Medical Trademark Assignment Agreement (fully executed).doc#page1.tif | | | |
| source=Fresca Medical Trademark Assignment Agreement (fully executed).doc#page2.tif | | | |
| source=Fresca Medical Trademark Assignment Agreement (fully executed).doc#page3.tif | | | |

OP \$40.00 4932703

Trademark Assignment Agreement

WHEREAS, Intersect Partners, LLC, a Nevada limited liability company, with its principal place of business at 545 Ponderosa Ave., Incline Village, NV 89451 ("Assignor"), has adopted, owns and is using the Mark FRESCA MEDICAL ("the Mark") in connection with the following goods and/or services: Medical apparatus, namely, variable positive airway pressure devices (VPAP); and

WHEREAS, Assignor owns a federal registration for the Mark on the Principal Register of the United States Patent and Trademark Office in connection with the goods and/or services identified therein, Registration No. 4932703, registered on April 5, 2016; and

WHEREAS, Fresca Medical, Inc., a Delaware corporation, with its principal place of business at 1120 Calle Cordillera #102, San Clemente, CA 92673 ("Assignee"), desires to acquire the Mark and the above-referenced Registration;

NOW, THEREFORE, effective as of April 19, 2016 and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor hereby assigns and transfers to Assignee all right, title, and interest in and to the Mark, together with the goodwill of the business symbolized by the Mark, and the registration thereof.

This agreement may be signed in any number of counterparts, each of which is an original and all of which taken together form one single document.

"Assignee"

Fresca Medical, Inc.
1120 Calle Cordillera, Suite 102
San Clemente, CA 92673

Signature: _____

John A. Cox, President and CEO

"Assignor"

Intersect Partners, LLC
545 Ponderosa Ave.
Incline Village, NV 89451

Signature: _____

George Wallace, Manager

TRADEMARK

REEL: 005774 FRAME: 0130

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____
_____ (insert name and title of the officer), personally
appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

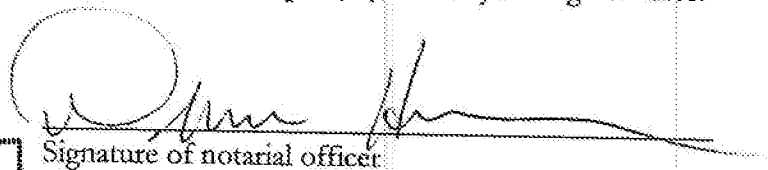
(Seal)

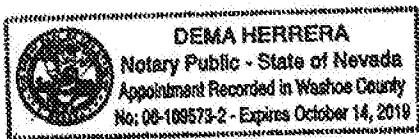
State of Nevada

County of Washoe

Signed and sworn to (or affirmed) before me on April 19, 2016 by George Wallace.

(Notary Stamp)


Signature of notarial officer



COPY

Trademark Assignment Agreement

WHEREAS, Intersect Partners, LLC, a Nevada limited liability company, with its principal place of business at 545 Ponderosa Ave., Incline Village, NV 89451 ("Assignor"), has adopted, owns and is using the Mark FRESCA MEDICAL ("the Mark") in connection with the following goods and/or services: Medical apparatus, namely, variable positive airway pressure devices (VPAP); and

WHEREAS, Assignor owns a federal registration for the Mark on the Principal Register of the United States Patent and Trademark Office in connection with the goods and/or services identified therein, Registration No. 4932703, registered on April 5, 2016; and

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This agreement may be signed in any number of counterparts, each of which is an original and all of which taken together form one single document.

"Assignee"

Fresca Medical, Inc.
1120 Calle Cordillera, Suite 102
San Clemente, CA 92673

Signature: _____

John A. Cox, President and CEO

"Assignor"

Intersect Partners, LLC
545 Ponderosa Ave.
Incline Village, NV 89451

Signature: _____

George Wallace, Manager

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Orange)

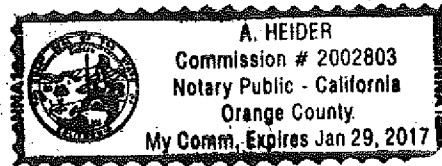
On April 18, 2016 before me, _____
A. Heider, Notary (insert name and title of the officer), personally
appeared John A. Cox

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature A. Heider
(Seal)



State of Nevada
County of _____

Signed and sworn to (or affirmed) before me on April ____, 2016 by George Wallace.

(Notary Stamp)

Signature of notarial officer