POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(c), | | | | | | | | |
|---|---|---|--|--------------------------|------------------------|------------------------|---|------------------------|
| I hereby appoint: | | | | | | | | |
| | | Practiti | loners as | sociated with Customer h | dumber: 19 | 6434 | | |
| سنو | OR [| | | | | | | |
| L. | Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | | |
| : | | | Name | | Registration Number | | Name | Registration Number |
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| As attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignments documents | | | | | | | | |
| attached to this form in accordance with 37 CFR 3.73(c). | | | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(c) to: | | | | | | | | |
| The address associated with Customer Number: 126434 | | | | | | | | |
| <u>OR</u> | | | | | | | | |
| <u> </u> | Firm or Individual Name | | | | | | | |
| | Address | | | | | | | |
| | City | ············ | | State | | | | Zip |
| | Country | | | | | | *************************************** | |
| | Tele | ephone | | | | Email | | |
| Assignee Name and Address: IP3 2017, SERIES 200 OF ALLIED SECURITY TRUST I ATTN: JAKE HANDY, FENWICK AND WEST LLP, 555 CALIFORNIA STREET 12TH FLOOR SAN FRANCISCO, CALIFORNIA 94104 | | | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(c) (Form PTO/AIA/96 or equivalent) is required to be Filed in each application in which this form is used. The statement under 37 CFR 3.73(c) may be completed by one of The practitioners appointed in this form, and must identify the application in which this Power of Attorney is to be filed. | | | | | | | | |
| SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | | |
| Signature | | | | Can(1/1/555/1 | | | Date January 5,20/8 | |
| Name | | | Russell W. Binns, Jr. | | | Telephone 732-997-7737 | | |
| Title | | | CEO AND GENERAL COUNSEL, IP3 2017, SERIES 200 OF ALLIED SECURITY TRUST I | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to considere, including gathering, preparing, and automitting the considered application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to this Chief Information Officer,

