

07-17-1998

U.S. DEPARTMENT OF COMMERCE
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Attorney Docket No: HAVE111432

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100767143

To the Honorable Assistant Commissioner for Patents: Please record the attached original documents or copy thereof.

MRO 7-10-98

1. Name of conveying party(ies):

LaMar D. Havens

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):

Name: Mantec Services Company

Address: 4400 24th Avenue West

City: Seattle State: WA ZIP: 98199

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

Assignment

Merger

Security Agreement

Change of Name

Other _____

Execution date: July 1, 1998

4. Application number(s) or patent number(s):

A. Patent Application No(s). 08/755,783

B. Patent No(s).

Additional numbers attached? Yes No

If this document is being filed together with a new application, the execution date of the application is: _____

5. Name and address of party to whom correspondence concerning document should be mailed:

Marcia S. Kelbon, Esq.
CHRISTENSEN O'CONNOR
JOHNSON & KINDNESS^{PLLC}
1420 Fifth Avenue
Suite 2800
Seattle, WA 98101-2347
(206) 682-8100

6. Total number of applications and patents involved: 1

7. Total fee (37 C.F.R. 3.41) \$ 40.00

Check No. 97161 in the amount of \$40.00 is enclosed.

8. The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.18 which may be required during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 03-1740. This authorization also hereby includes a request for any extensions of time of the appropriate length required upon the filing of any reply during the entire prosecution of this application. A copy of this sheet is enclosed.

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9. Statement and signature:

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document

Marcia S. Kelbon

Name of Attorney or Agent

Registration No. 34.358

Direct Dial (206) 224-0720

[Signature]
Signature

7/7/98
Date

Total number of pages including cover sheet, attachments and document: 3

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acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

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(Seal or stamp)

Signature

Printed Name: _____

Notary Public

My appointment expires _____

MSK/JDD:teb