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FORM PTO-1595 (Modified) (Rev. 6-93)	09-14-1998	R SHIELE U	Patentiand Trademark Office
OMB Ño. 0651-0011 (exp.4/94) Copyright 1996-97 LegalStar P08A/REV02		SEP 3	Halen and Hademark Office
Tab settings + + + V			
To the Honorable Commissioner	100825919		documents or copy thereof.
1. Name of conveying party(ies): Edward Kolodziej (deceased)	med 9-191	2. Name and address of receivin	g party(les):
	9-8-71	Name: Eugene Kolodziej	
		Address: 23766 Audrey	
Additional names(s) of conveying party(ies)) 🗌 Yes 🖾 No		
3. Nature of conveyance:			······································
Assignment	Merger		
Security Agreement	Change of Name	City: Warren	State/Prov.: Michigan
Other Petition and Order for	Assignment	Country: US	ZIP: 48091
Execution Date: August 18, 1998		Additional name(s) & address(es)	□ Yes ⊠ No
4. Application number(s) or registrat			
If this document is being filed toge	ether with a new application,	the execution date of the applicati	on is:
Patent Application No. F	iling date	B. Patent No.(s)	
		5,287,777	
	Additional numbers	🗋 Yes 🛛 No	ЧDĒ
5. Name and address of party to wh concerning document should be r	om correspondence	 Yes X No 6. Total number of applications a 	
concerning document should be r	om correspondence	6. Total number of applications a	and patents involved: 1
concerning document should be r Name: John R. Benefiel	om correspondence	6. Total number of applications a7. Total fee (37 CFR 3.41):	and patents involved: 1
concerning document should be r Name: <u>John R. Benefiel</u> Registration No. <u>24,889</u>	om correspondence	6. Total number of applications a	and patents involved: 1\$ 40.00 insufficiency should be
concerning document should be r Name: John R. Benefiel Registration No. 24,889 Address: 280 Daines Street	om correspondence	 6. Total number of applications a 7. Total fee (37 CFR 3.41): X Enclosed - Any excess or credited or debited to dependent 	and patents involved: 1\$ 40.00 insufficiency should be osit account
concerning document should be r Name: <u>John R. Benefiel</u> Registration No. <u>24,889</u>	om correspondence	 6. Total number of applications a 7. Total fee (37 CFR 3.41): X Enclosed - Any excess or 	and patents involved: 1\$ 40.00 insufficiency should be osit account
concerning document should be r Name: John R. Benefiel Registration No. 24,889 Address: 280 Daines Street Suite 100 B	nom correspondence mailed:	 6. Total number of applications a 7. Total fee (37 CFR 3.41): X Enclosed - Any excess or credited or debited to dependent 	and patents involved: 1\$ 40.00 insufficiency should be osit account
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concerning document should be r Name: John R. Benefiel Registration No. 24,889 Address: 280 Daines Street Suite 100 B City: Birmingham	om correspondence mailed: State/Prov.: <u>Michigan</u> ZIP: <u>48009</u>	 6. Total number of applications a 7. Total fee (37 CFR 3.41): Anthorized - Any excess or credited or debited to dependent of the charged 8. Deposit account number: 	and patents involved: 1\$ 40.00 insufficiency should be osit account to deposit account
concerning document should be r Name: John R. Benefiel Registration No. 24,889 Address: 280 Daines Street Suite 100 B City: Birmingham Country: US	om correspondence mailed: State/Prov.: <u>Michigan</u> ZIP: <u>48009</u>	 6. Total number of applications a 7. Total fee (37 CFR 3.41): X Enclosed - Any excess or credited or debited to dependent of the charged Authorized to be charged 8. Deposit account number: 02-2049 	and patents involved: 1\$ 40.00 insufficiency should be osit account to deposit account
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concerning document should be r Name: John R. Benefiel Registration No. 24,889 Address: 280 Daines Street Suite 100 B City: Birmingham Country: US 9. Statement and signature. To the best of my knowledge and of the original document.	nom correspondence mailed: State/Prov.: <u>Michigan</u> ZIP: <u>48009</u> DO NOT	 6. Total number of applications a 7. Total fee (37 CFR 3.41): X Enclosed - Any excess or credited or debited to dependent of the debited to depend a duthorized to be charged 8. Deposit account number: 02-2049 USE THIS SPACE 	and patents involved: 1\$ 40.00 insufficiency should be osit account to deposit account to deposit account tachege copy is a true copy August 31, 1998 Date The second
concerning document should be r Name: John R. Benefiel Registration No. 24,889 Address: 280 Daines Street Suite 100 B City: Birmingham Country: US 9. Statement and signature. To the best of my knowledge and of the original document. John R. Benefiel	nom correspondence mailed: State/Prov.: <u>Michigan</u> ZIP: <u>48009</u> DO NOT (6. Total number of applications a 7. Total fee (37 CFR 3.41): Anthorized - Any excess or credited or debited to dependent of the charged Authorized to be charged 8. Deposit account number: 02-2049 USE THIS SPACE ation is true and correct and any at Signature cover sheet, attachments, and 	and patents involved: 1\$ 40.00 insufficiency should be osit account to deposit account

Approved, SCAO		•	
STATE OF MICHIGAN ROBATE COURT	PETITION AND ORDER FOR ASSIGNMENT, ESTATE NOT EXCEEDING \$15,000	FILE NO.	05M CODE: PER, 0A
Estate ofEDWARD_KOLODZI	EJ	deceased	0-12-9709
	PETITION	Soci	al security no.
Eugene Kolodziej,	brother of the decedent		
Name and relationship	6 State of Te		, represent th
Date	City/Township		in this county
	n and left an estate within this county to be administe	ered.	
2. Funeral and burial expenses of \$	2,374.40		
☐ have not been paid. △ have been paid by Eugen Name	e Kolodziej	•	(receipt attache
The total value of the decedent's	property remaining after payment of funeral and buria	al expenses does	not exceed \$15,0
3. The decedent's property and its	value is as follows:		
DE	SCRIPTION OF PROPERTY		VALUE
Rätcheting open e	nd wrench U.S. Patent No. 5,287,7	77	
Issued February 2	2, 1994		100.00
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		Tatal	100.00
	PLEASE SEE OTHER SIDE	Total	100.00
	PLEASE SEE OTHER SIDE	Totai	100.00
	Do not write below this line - For court use only		100.00
	Do not write below this line - For court use only		
' ' : 01 (9/95) PETITION AND ORDEF	Do not write below this line - For court use only AUG 18 1998	МСІ	100.00 . 700.21; MSA 27.502 . 700 102: MSA 27.51

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