FORM PTO-1 Expires 06/30/99 OMB 0851-0027	619A	 	0-16-19	998			Department of Commerce nt and Trademark Office PATENT
MRD 10-16-98		i RECORDA	0087749 ATION FOR PATENTS)j M cc 3	00 007 () HEET - 032 /F	6 11 2 <u>5</u> 0.1/411	
	issioner of Patents	and Trademark	s: Please rec	ord the attached	original de	ocument(s) or copy(ies).
Submission	Туре		Conveyan	<u> </u>			
X New			Assign	ment X	Security A	greement	
Resubmiss Document	sion (Non-Recordati : ID#	ion)	License	e	Change of	Name	
	of PTO Error		Merger		Other		
Reel # Corrective	Frame # [U.S. (For Use ONLY b	Governm v U.S. Govern	<i>ent</i> ment Agencie	es)
Reel #	Frame #			Department	-		ret File
Conveying Page 1	arty(ies)		Mark if a	dditional names of	conveying	parties attac	
Name (line 1)	BIAX CORPORA	TION					Month Day Year 06 30 1998
Name (line 2)	a Colorado co	ornoration					<u> </u>
Second Party	a colorado co	orporacion					Execution Date Month Day Year
Name (line 1)							
Name (line 2)							
Receiving Pa	irty			Mark if add	itional name	s of receiving	ng parties attached
Name (line 1)	EQUIPMENT IN	VESTMENT &	MANAGEMENT	co.			If document to be record is an assignment and to
Name (line 2)	a Colorado co	rporation				_	receiving party is not domiciled in the United
Beldenson III as F					·		States, an appointment of a domestic
Address (line 1)	6 SHELLDRAKE	LANE					representative is attact (Designation must be a
Address (line 2)							separate document fro Assignment)
Address (line 3)	PALM BEACH GA	ARDENS		ORIDA		3419	
Domestic Re	presentative Na	me and Ad		Country Enter for the firs	t Receiving I	Zip Code Party only.	
Name [
Address (line 1)							
Address (line 2)							
Address (line 3)							
							
Address (line 4)				·			

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to: Commissioner of Patents and Trademarks, Box Assignments , Washington, D.C. 20231

PATENT REEL: 9500 FRAME: 0466

FORM PTO Expires 06/30/99 OMB 0651-0027)-1619B	Page 2		U.S. Department of Commerce Patent and Trademark Office PATENT
Corresponde	ent Name and Address	Area Code and Telepl	hone Number 30	3-628-3665
Name [PHILLIP D. ECK			
Address (line 1)	1675 BROADWAY, SUITE 2	2600		
Address (line 2)	DENVER, COLORADO 8020)2		
Address (line 3)				
Address (line 4)				
Pages	Enter the total number of parincluding any attachments.	ges of the attached con-	veyance document	# 1
	Number(s) or Patent Num	• •		onal numbers attached
	ne Patent Application Number or the P	atent Number (DO NOT ENTE		• • •
	ent Application Number(s)	1	Patent Nui	
08/480,691		4 847		037
08/914,077		5 021	945	
		5 517	628	
	s being filed together with a <u>new</u> Pater t named executing inventor.	nt Application, enter the date t	he patent application wa	s Month Day Year
Patent Coop	eration Treaty (PCT)			
Ente	r PCT application number	PCT	PCT	PCT
	<u>if</u> a U.S. Application Number not been assigned.	PCT	РСТ	PCT
Number of P	roperties	al number of properties	involved. #	
Fee Amount	Fee Amount f	or Properties Listed (37	CFR 3.41): \$ 24	0.00
	of Payment: Enclo Account	sed X Deposit Ac	count	
	payment by deposit account or if addit	tional fees can be charged to tl eposit Account Number:	he account.)	
	A	uthorization to charge add	litional fees: Yes	No
Statement ar	nd Signature			
	best of my knowledge and bei			
	ed copy is a true copy of the ore ed herein.	riginal document. Char	ges to deposit acco	ount are authorized, as
PHILLIP I		1 5	-	10/13/98
Name (of Person Signing	Signature		Date
	_	-		

PATENT REEL: 9500 FRAME: 0467

COLORADO UCC (See instructions on back Standard Form Effective Total Fee = \$16	· 	π	· ·
1ST DEBTOR Name (Last, First): SSN/FED Tax ID: Street: City, State, Zip:	BIAX CORPORATION 84-0686437 2452 BRIARWOOD DR. BOULDER, CO 80303	Check One: Business Individual	
2ND DEBTOR (Put add Name (Last, First): SSN/FED Tax ID: Street: City, State, Zip:	ditional Debtors on attachment)	Check One: □ Business □ Individual	Above Space For Filing Officer Use Only CHECK ONLY ONE If no box is checked, it will be filed in UCC only) File in UCC ONLY. This statement is to be recorded in the real estate records ONLY.
1ST SECURED PARTY (Put additional Secured Parties on attachment) Name (Last, First): EQUIPMENT INVESTMENT & MANAGEMENT CO Street: 6 SHELLDRAKE LANE City, State, Zip: PALM BEACH GARDENS, FL 33418			☐ This statement is to be filed in UCC AND recorded in real estate records. (Requires an additional recording fee) ☐ The debtor is a transmitting utility.
ASSIGNED PARTY (P Name (Last, First): Street: City, State, Zip:	Put additional Assigned Party on attac	hment)	FOR UCC FILINGS (Fill in collateral codes from UCC codes) 10 20 60 550 12 34 70 15 40 500
RETURN COPY TO Name:	PHILLIP ECK		FOR AGRICULTURAL LIEN NOTIFICATION Check if this filing is intended as EFS Notification (Enter EFS collateral costs, County Code and crop years covered.
Street: City, State, Zip:	1675 BROADWAY, SUITE 260 DENVER, CO 80202	00	If all years are covered, leave from and to dates blank. EFS Code County Code From To
Name of the Record collateral is:	Owner of the real property con	taining the	
(See instruction 13)			
necessary) ALL RIGHT, ALL ASSETS, INCLUI	. TITLE AND INTEREST IN AND DING ACCOUNTS, GENERAL IN	TO THE FOLLOWIN	iequately describs colleteral. Attach additional pages if IG PROPERTY: DING ANY RIGHTS IN OR TO INTELLECTUAL UIPMENT, INVESTMENT PROPERTY, FIXTURES
Debtor Signature (g)	myst of	(See Instruction 14)	20 Junes
RAYMOND S. LIVIN	,		RAYMOND S. LIVINGSTONE, JR. Printed Name
PRESIDENT Title			PRESIDENT
		<u></u> 5	561/627-9797 Contact Phone & F.

MISC\101088.1\7184.0200

Rev. 5-98

PATENT REEL: 9500 FRAME: 0468