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FORM PTO- Expires 06/30/99 OMB 0651-0027	-1619A			
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5-60-	99 n A RECORDA	TION FORM COVE	ER SHEET	
	missioner of Patents and Trademark	PATENTS ONLY (S: Please record the att		s) or copy(ies).
Submission		Conveyance Type		
New		Assignment	Security Agreement	
Resubmi Documer	ssion (Non-Recordation)	License	Change of Name	
Correction	on of PTO Error Frame #	Merger	Other	
Correctiv	re Document		U.S. Government ONLY by U.S. Government Agencie	es)
Reel #	Frame #			cret File
Conveying I	Party(ies) 	Mark if additional na	ames of conveying parties attac	ched Execution Date Month Day Year
Name (line 1)	Flux Enhancement Systems,	Inc.		05 04 99
Name (line 2)	Kentucky Corporation			Execution Date
Second Party Name (line 1)				Month Day Year
Name (line 2)				
•				
Receiving P	Party	Mar	k if additional names of receiving	ng parties attached
Receiving P	Party Michael J. Scott	Mar	k if additional names of receiving	If document to be recorded
Receiving P		Mar	k if additional names of receiving	
Receiving P Name (line 1) Name (line 2)	Michael J. Scott	Mar	k if additional names of receiving	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic
Receiving P		Mar	k if additional names of receiving	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a
Receiving P Name (line 1) Name (line 2)	Michael J. Scott	Mar	k if additional names of receiving	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached.
Receiving P Name (line 1) Name (line 2) Address (line 1)	Michael J. Scott 1177 Norton Avenue Louisville	. KY	40219	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Receiving P Name (line 1) Name (line 2) Address (line 1) Address (line 2) Address (line 3)	Michael J. Scott 1177 Norton Avenue	KY State/Country	40219 Zip Code	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Receiving P Name (line 1) Name (line 2) Address (line 1) Address (line 2) Address (line 3)	Michael J. Scott 1177 Norton Avenue Louisville City	KY State/Country	40219	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Receiving P Name (line 1) Name (line 2) Address (line 1) Address (line 2) Address (line 3) Domestic Re	Michael J. Scott 1177 Norton Avenue Louisville City	KY State/Country	40219 Zip Code	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Receiving P Name (line 1) Name (line 2) Address (line 1) Address (line 2) Address (line 3) Domestic Re	Michael J. Scott 1177 Norton Avenue Louisville City	KY State/Country	40219 Zip Code	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Receiving P Name (line 1) Name (line 2) Address (line 1) Address (line 2) Address (line 3) Domestic Re Name Address (line 1)	Michael J. Scott 1177 Norton Avenue Louisville City	KY State/Country	40219 Zip Code	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Receiving P Name (line 1) Name (line 2) Address (line 1) Address (line 2) Address (line 3) Domestic Re Name Address (line 1) Address (line 2)	Michael J. Scott 1177 Norton Avenue Louisville City	KY State/Country	40219 Zip Code	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Receiving P Name (line 1) Name (line 2) Address (line 1) Address (line 2) Address (line 3) Domestic Re Name Address (line 1) Address (line 2) Address (line 2) Address (line 2)	Michael J. Scott 1177 Norton Avenue Louisville City epresentative Name and Ac	KY State/Country	40219 Zip Code	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Receiving P Name (line 1) Name (line 2) Address (line 1) Address (line 2) Address (line 3) Domestic R Name Address (line 1) Address (line 2) Address (line 2) Address (line 2) Address (line 3) Address (line 4)	Michael J. Scott 1177 Norton Avenue Louisville City epresentative Name and Ac	KY State/Country Idress Enter for	40219 Zip Code	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Receiving P Name (line 1) Name (line 2) Address (line 1) Address (line 3) Domestic Re Name Address (line 1) Address (line 2) Address (line 2) Address (line 3) Address (line 3) Address (line 4)	Michael J. Scott 1177 Norton Avenue Louisville City epresentative Name and Ac	KY State/Country Idress Enter for OR OFFICE USE ONLY	40219 Zip Code the first Receiving Party only.	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

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

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FORM PTO Expires 06/30/99 OMB 0651-0027	-1619B	Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT		
Correspond	ent Name and Address	Area Code and Telephone Num	ber 502-585-2040		
Name	David W. Nagle, Jr.	CPR/FILIS	.10.5		
Address (line 1)	Wheat, Camoriano, Smith				
Address (line 2)	15th Floor, Citizens Pl	aza			
Address (line 3)	500 W. Jefferson Street				
Address (line 4)	Louisville, KY 40202				
Pages	Enter the total number of page including any attachments.	es of the attached conveyance d	ocument # 2		
Application Number(s) attached Mark if additional numbers attached					
Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property). Patent Application Number(s) Patent Number(s)					
08/789,792	¬ ' 		aten vullber(s)		
	being filed together with a <u>new</u> Patent t named executing inventor.	Application, enter the date the patent ap	plication was Month Day Year		
- Ente <u>only</u>	r PCT application number	PCT PCT PCT PCT	PCT PCT		
Number of P	roperties Enter the total	I number of properties involved.	# 1		

Statement and Signature

Method of Payment:

Deposit Account

Fee Amount

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. Charges to deposit account are authorized, as indicated herein.

Authorization to charge additional fees:

Fee Amount for Properties Listed (37 CFR 3.41): \$

Deposit Account Number:

Enclosed X

(Enter for payment by deposit account or if additional fees can be charged to the account.)

David W. Nagle, Jr.

Name of Person Signing

Signature Signature

Deposit Account

5-4.99

Date

40.00

Yes

ASSIGNMENT OF INVENTION AND OF LETTERS PATENT

WHEREAS, Flux Enhancement Systems, Inc., a Kentucky corporation having

offices at 6300 Preston Highway, Unit #1, Louisville Kentucky 40019 is the assignee of

United States Patent Application Serial No. 08/789,792 and holds the entire right, title,

and interest in said application and the invention disclosed therein;

WHEREAS, Michael J. Scott, an individual residing at 1177 Norton Avenue,

Louisville, Kentucky 40219, desires to acquire the entire right, title, and interest in

United States Patent Application Serial No. 08/789,792 and the invention disclosed

therein and any United States and foreign patents to be obtained therefor;

NOW THEREFORE, for One Dollar (\$1.00) and other valuable consideration,

receipt whereof is hereby acknowledged, Flux Enhancement Systems, Inc. does hereby

sell, assign, and transfer the entire right, title and interest in United States Patent

Application Serial No. 08/789,792 and the invention disclosed therein for the United

States of America and all countries foreign thereto, including rights of priority under the

International Convention of Paris (1883) as amended and the entire right, title, and

interest in and to any and all patent applications, patents, continuations,

continuations-in-part, and reissues based thereon which may be filed or granted

therefor in the United States or any foreign country.

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PATENT REEL: 9943 FRAME: 0951

Signed and sealed at 35	Position:
	Flux Enhancement Systems, Inc.
State of Kentucky)
County of TEFFERSON) ss)
Subscribed and sworn to I	pefore me this <u>५™</u> day of <u>MAy</u> , 1999.

My Commission expires MARCH 11, 2002

RECORDED: 05/06/1999

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