

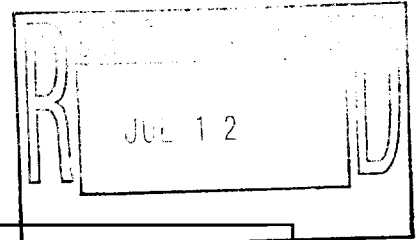
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COVER SHEET

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To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): William R. Miller Semion Stolyar Additional name(s) of conveying party(ies) attached? [] Yes [x] No</p>	<p>2. Name and address of receiving party(ies): Name: <u>Tidland Corporation</u> Internal Address: _____ Street Address: <u>P.O. Box 1008</u> City <u>Camas</u> State <u>WA</u> ZIP <u>98607</u> Country <u>U.S.</u> Additional name(s) & address(es) attached? [] Yes [X] No</p>
<p>3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment [] Merger <input type="checkbox"/> Security Agreement [] Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>July 1, 1999</u></p>	<p>4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No.(s) <u>09/283,822</u> B. Patent No.(s) _____ Additional numbers attached? [] Yes [x] No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Timothy E. Siegel, Esq.</u> Address: <u>Chernoff, Vilhauer, McClung & Stenzel, L.L.P.</u> <u>600 Benj. Franklin Plaza</u> <u>One S.W. Columbia</u> <u>Portland, Oregon 97258</u></p>	<p>6. Total number of applications and patents involved: [1] 7. Total fee (37 CFR 3.41 and 1.21(h)) ---\$ <u>40</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Any deficiencies in enclosed fees authorized to be charged to deposit account 8. Deposit Account No. <u>03-1550</u> (Attach duplicate copy of this page if paying by deposit account)</p>
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<p>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. <u>Timothy E. Siegel</u> <u>Timothy E. Siegel</u> <u>July 6, 1999</u> Name of Person Signing Signature Date Total number of pages comprising cover sheet, attachments, and document [3]</p>	
<p>Do not detach this portion Mail documents to be recorded with required cover sheet information to: Commissioner of Patents and Trademarks Box Assignments Washington, DC 20231 Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project, (0651-0011), Washington, D.C. 20503.</p>	

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