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U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark office

101130689

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

## 1. Name of Conveying Party(ies):

Gerald D. Trowbridge

Additional name(s) of conveying party(ies) attached? ☐ YES ☒ NO

## 3. Nature of Conveyance:

☐ Assignment☐ Merger☒ Security Agreement☐ Change of Name☐ Other

Execution Date: July 14, 1999

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

Safe Shop Tools, Inc.

Name: \_\_\_\_\_

Internal Address: \_\_\_\_\_

Street Address: 723 Ronan Street

City Missoula State MT ZIP 59806

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

## 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)

B. Patent No.(s)

5,357,656

Additional numbers attached? ☐ Yes ☒ No

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

Name: Stacey C. Slater, Esq.

Klarquist Sparkman Campbell Leigh &amp; Whinston, LLP

Internal Address:

One World Trade Center, Suite 1600

Street Address:

121 S.W. Salmon Street

City Portland State Oregon ZIP 97204-2988

## 6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41): \$40.00 Enclosed

8. ☒ Any deficiency/overpayment is authorized to be charged to deposit account 02-4550

DO NOT USE THIS SPACE

## 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.

Stacey C. Slater, Esq.

August 20, 1999

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments and document: 2

OMB No. 0651-0011 (exp. 4/94)

<p>Name and Address of Debtor</p> <p>Gerald D. Trowbridge 34485 Highway 93 N St. Ignace, Montana 59865</p> <p>Social Security/Tax ID # <u>512-524881</u></p> <p>County of Residence <u>Golden</u></p>	<p>Name and Address of Secured Party</p> <p>SALE SHOP TOOLS AND P.O. BOX 4206 MISSOULA, MONTANA 59806-4206</p> <p>Pre-paid Acct. # _____</p>	<p>Montana Secretary of State Filing Officer</p> <p><b>MONTANA</b> <b>SECRETARY OF STATE</b></p> <p>1999 JUL 14 P 2:58</p> <p>566045</p>
<p>Name and Address of Debtor</p> <p>J R T Enterprises, Inc. 34485 Highway 93 N St. Ignace, Montana 59865</p> <p>Social Security/Tax ID # <u>512-524881</u></p> <p>County of Residence <u>Golden</u></p>	<p>Type of Filing - <b>MUST</b> check one</p> <p><input checked="" type="checkbox"/> Commercial Filing 30-9401(1)(c)</p> <p><input type="checkbox"/> Agricultural Filing 30-9403(8)</p> <p><input type="checkbox"/> Transmitting Utility 30-9409</p> <p><input type="checkbox"/> Informational Filing</p>	<p>Name and Address of Assignee of Secured Party</p> <p>_____</p> <p>Pre-paid Account # _____</p>
<p>Name and Address of Debtor</p> <p>_____</p> <p>Social Security/Tax ID # _____</p> <p>County of Residence _____</p>		<p>Name and Address if Record Owner or of Lessee of Real Estate Concerned:</p> <p>_____</p>

This Financing Statement covers the following types (or items) of collateral. If the collateral is agricultural products be specific as to type of product(s); example: wheat, barley, cattle, hogs, milk, honey, etc. (If collateral is crops growing or to be grown or goods which are or are to become, fixtures, also describe real estate concerned and add name and address of record owner or record lessee of real estate):

\_\_\_\_\_

To be completed if applicable: The above listed agricultural product(s) is produced/located in \_\_\_\_\_ county(ies).

Check ☒ if covered. ☐ Proceeds of collateral are also covered. ☐ Products of collateral are also covered. Number of additional sheets presented: \_\_\_\_\_

### TERMINATION STATEMENT - NO FILING FEE

This Statement of Termination of financing is presented to a Filing officer for filing pursuant to the Uniform Commercial Code. The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Number shown above.

Dated: \_\_\_\_\_ 19 \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Secured Party or Assignee of Record — **Not Valid Until Signed**

Acknowledgment