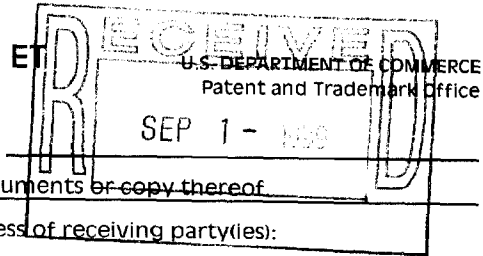


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09-08-1999



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To the Assistant Commissioner for Patents: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
P. David HALSTEAD,  
Cherie F. ALEXANDER and  
Thad IDE  
Additional name(s) of conveying party(ies) attached?  Yes  No

2. Name and address of receiving party(ies):  
Name:  
LEXINGTON SAFETY PRODUCTS, INC.  
Street Address:  
480 FAIRMAN ROAD  
LEXINGTON, KY 40511

3. Nature of conveyance: **9-1-99**  
 Assignment  Merger  
 Change of Name  Other  
 Security Agreement  
Execution Date: August 23, 1999

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).  
09/325,827  
Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
Robert O. Fox, Esq.  
LUEDEKA, NEELY & GRAHAM, P.C.  
P. O. Box 1871  
Knoxville, TN 37901

6. Total number of applications and patents involved:  
**1**  
7. Total fee (37 CFR 3.41).....\$ 40  
 Enclosed  
 Please charge to deposit account any missing or additional fee  
8. Deposit Account No. 12 - 2355

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.

Robert O. Fox  
Name of Person Signing

[Signature]  
Signature

August 24, 1999  
Date

**40E**

Total number of pages including cover sheet: **11**

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\*\*\* CERTIFICATE OF MAILING \*\*\*

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box Assignment, Office of Public Records, U.S. Patent and Trademark Office, Crystal Gateway 4, Room 335, Washington, D.C. 20231

on August 24, 1999  
Date

[Signature]  
Robert O. Fox

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# Assignment

I, P. David HALSTEAD, a citizen of the United States, having a mailing address of , 941 Wildwood Gardens Drive, Knoxville, TN 37920, and I, Cherie F. ALEXANDER, a citizen of the United States, having a mailing address of 7801 Wise Lane, Knoxville, TN 37920 and I, Thad IDE, a citizen of the United States, having a mailing address of 1710 Holston River Road, Knoxville, TN 37914, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign to LEXINGTON SAFETY PRODUCTS, INC., a corporation of Kentucky, having its principal place of business at 480 Fairman Road, Lexington, KY 40511, its successors, assigns and legal representatives, the entire right, title and interest throughout the world in and to all subject matter invented by and disclosed in the application identified below:

Title:           HELMET

Inventor(s):   P. David HALSTEAD

8.23.1999

Date of Execution of Declaration

Cherie F. ALEXANDER

8.23.1999

Date of Execution of Declaration

Thad IDE

8.23.1999

Date of Execution of Declaration

and in and to all Letters Patent and all Convention and treaty rights of all kinds, in all countries throughout the world, for all such subject matter. We agree to sign all papers necessary to secure all said Letters Patent to the above assignee in accordance with the Assignment.

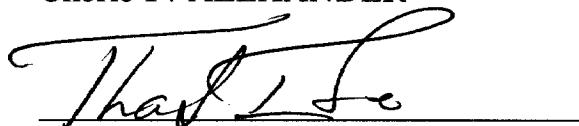
8-23-99  
Date of Execution of Assignment

  
P. David HALSTEAD

8/23/99  
Date of Execution of Assignment

  
Cherie F. ALEXANDER

8-23-99  
Date of Execution of Assignment

  
Thad IDE

STATE OF TENNESSEE )  
 )  
COUNTY OF KNOX )

I hereby certify that before me appeared P. David HALSTEAD, personally known by me, who then and there was duly sworn by me, and under oath acknowledged that the foregoing assignment was duly signed, sealed and delivered by him on the date appearing at the foot thereof.

Date: 8/23/99

Geraldine Spickard  
Notary Public

My Commission Expires: 12/19/01

\* \* \* \* \*

STATE OF TENNESSEE )  
 )  
COUNTY OF KNOX )

I hereby certify that before me appeared Cherie F. ALEXANDER, personally known by me, who then and there was duly sworn by me, and under oath acknowledged that the foregoing assignment was duly signed, sealed and delivered by him on the date appearing at the foot thereof.

Date: 8/23/99

Geraldine Spickard  
Notary Public

My Commission Expires: 12/19/01

STATE OF TENNESSEE )  
 )  
COUNTY OF KNOX )

I hereby certify that before me appeared Thad IDE, personally known by me, who then and there was duly sworn by me, and under oath acknowledged that the foregoing assignment was duly signed, sealed and delivered by him on the date appearing at the foot thereof.

Date: 8/23/99

Geraldine Spickard  
Notary Public

My Commission Expires: 12/19/01

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