

11-24-1999

FORM PTO-1619A
Expires 06/30/99
OMB 0651-0027



U.S. Department of Commerce
Patent and Trademark Office
PATENT

101179465

CORR.
9-27-99

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)
Document ID#

Correction of PTO Error
Reel # Frame #

Corrective Document
Reel # Frame #

Conveyance Type

Assignment Security Agreement

License Change of Name

Merger Other

U.S. Government
(For Use ONLY by U.S. Government Agencies)

Departmental File Secret File

Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1) Execution Date

Name (line 2)

Second Party

Name (line 1)

Name (line 2)

Receiving Party

Mark if additional names of receiving parties attached

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.)

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

FOR OFFICE USE ONLY

09/28/1999 DNGUYEN 00000310 021820 09190191

01 FC:581 40.00 CH

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

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: 010258 FRAME: 0436

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments. #

Application Number(s) or Patent Number(s)

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)

<input type="text" value="09190191"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>
PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>

Number of Properties

Enter the total number of properties involved. #

Fee Amount

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

Method of Payment: Enclosed Deposit Account

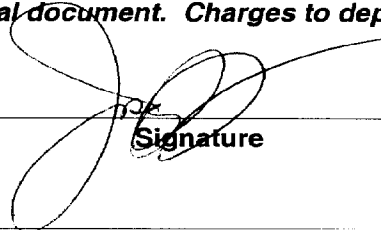
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: #

Authorization to charge additional fees: Yes No

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

Joseph Giordano
Name of Person Signing



Signature

9/5/97
Date

11-19-1998



100831900

RECORDATION FORM COVER SHEET
PATENTS ONLY

JC136 U.S. PTO
02/19/1991
11/12/98

ALG 11-12-98

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)
Document ID# _____

Correction of PTO Error
Reel # _____ Frame # _____

Corrective Document
Reel # _____ Frame # _____

Conveyance Type

Assignment Security Agreement

License Change of Name

Merger Other _____

U.S. Government
(For Use ONLY by U.S. Government Agencies)

Departmental File Secret File

Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1) Gebizlioglu, Osman S. Execution Date 11/11/1998
Month Day Year

Name (line 2) _____

Second Party Name (line 1) _____ Execution Date _____
Month Day Year

Name (line 2) _____

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1) Giordano, Joseph 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.)

Name (line 2) _____

Address (line 1) Bell Communications Research, Inc.

Address (line 2) 445 South Street

Address (line 3) Morristown New Jersey 07960
City State/Country Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name _____

Address (line 1) _____

Address (line 2) _____

Address (line 3) _____

Address (line 4) _____

11/18/1998 SBURNS 00000172 021820 09190191
01 FC:581 40.00 CH

FOR OFFICE USE ONLY

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

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

Correspondent Name and Address

Area Code and Telephone Number

973-829-2352

Name Joseph Giordano, Esq.

Address (line 1) Bell Communications Research, Inc.

Address (line 2) 445 South Street - Room 1G-112R

Address (line 3) Morristown, New Jersey 07960

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments.

1

Application Number(s) or Patent Number(s)

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was

Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>
PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>

Number of Properties

Enter the total number of properties involved.

1

Fee Amount

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

40.00

Method of Payment: Enclosed Deposit Account

Deposit Account

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

Deposit Account Number:

02-1820

Authorization to charge additional fees:

Yes No

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

Joseph Giordano

Name of Person Signing

Signature

11/12/98

Date

ASSIGNMENT

KNOW, ALL MEN, BY THESE PRESENTS THAT

WHEREAS, I/we, **Osman S. Gebizlioglu** have invented certain useful improvements **All-Plastic Air Feeder Pipe** described in an application for Letters Patent executed by me/us of even date herewith and about to be filed in the United States Patent and Trademark Office; and

WHEREAS, Bell Communications Research, Inc., a corporation of the State of Delaware, having a place of business at 445 South Street, Morristown, NJ 07960, United States of America, for the benefit of itself and its successors and assigns, all inclusively hereinafter referred to as "Assignee", is desirous of acquiring all rights, title, and interest in and to said application, all inventions disclosed therein, and any and all Letters Patent of the United States of America, and of all other countries, which may be granted for said inventions, or any of them; and

WHEREAS, I/we hereby represent and warrant to Assignee that I/we have, with respect to third parties, full and unencumbered rights, title, and interest in and to said application, inventions, and Letters Patent, and further that I/we may freely assign the same;

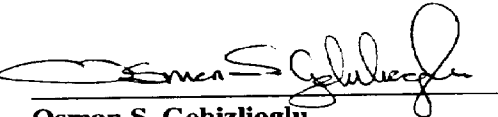
NOW, THEREFORE, for good and valuable consideration, the receipt of which from Assignee is hereby acknowledged, I/we do hereby sell, assign, and transfer to Assignee all my/our rights, title, and interest in and to said application, including all priority rights arising therefrom, all inventions disclosed therein, and all divisions and continuations thereof, and in and to any and all Letters Patent of the United States, and of all other countries, and all reissues thereof, which may be granted for said inventions, or any of them, together with the right to make application for any and all of the same;

TO HAVE, HOLD, AND ENJOY said inventions, said application and rights, and said Letters Patent, or any of them, to its own use and behoof to the full end of the term or terms for which said applications may endure and for which said Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by me/us had this assignment not been made;

AND I/WE HEREBY authorize and request the Commissioner of Patents and Trademarks to issue or reissue such Letters Patent as may be granted on said application, on any division or continuation thereof, or for said inventions, or any of them, to Assignee in accordance with the terms of this instrument;

AND I/WE HEREBY agree that I/we shall, at the request of Assignee and without demand of further consideration, but at no expense to me/us, do all lawful and just acts, including execution and acknowledgment of instruments, furnishing information, and giving testimony, particularly in the event of interference or litigation, indicated by counsel for Assignee to be necessary for obtaining, maintaining, and perfecting the property rights, or any of them, hereby assigned.

IN WITNESS WHEREOF, I/we hereunto set my/our hand and seal on the day and year indicated.


Osman S. Gebizlioglu

Date: November 11, 1998

County of Morris)
State of New Jersey) ss:

Then personally appeared before me on the indicated date(s) the above-named **Osman S. Gebizlioglu**, to me personally known and known by me to be the person(s) described in and who executed the foregoing instrument, and acknowledged the same, before me, to be his/her/their own free act and deed.

Nov 11, 1998
Date


NOTARY PUBLIC

VALERIE HARRIS
A Notary Public of New Jersey
My Commission Expires February 11, 2002