

12-02-1999

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



101212385

**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**

U.S. PTO
09/440864
11/16/99

Conveying Party(ies)

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name (line 1) Christopher Clodfelter, 3725 Richardt Avenue,

11161999

Name (line 2) Evansville, IN 47715

Second Party

Execution Date
Month Day Year

Name (line 1) Douglas Sprick, 5413 Fielding Manor Drive,

11161999

Name (line 2) Evansville, IN 47715

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) Rexam Medical Packaging, Inc.

Name (line 2)

Address (line 1) 3245 Kansas Road

Address (line 2)

Address (line 3) Evansville Indiana 47711
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) 40.00 00

Address (line 4)

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 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

PATENT
REEL: 010402 FRAME: 0624

11/30/1999 BUTLER 00000046 09440864
02 FC1581

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"/>	<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 signed by the first named executing inventor. Month Day Year

Patent Cooperation Treaty (PCT)

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

PCT PCT PCT

PCT PCT PCT

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

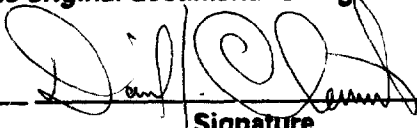
Deposit Account
(Enter for payment by deposit account or if additional fees can be charged to the account.)

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.

David J. Clement  11/18/99

Name of Person Signing Signature Date

ASSIGNMENT OF INVENTION
AND OF LETTERS PATENT

Whereas, I, Christopher Clodfelter, 3725 Richardt Avenue, Evansville, Indiana 47715 and I, Douglas Sprick, 5413 Fielding Manor Drive, Evansville, Indiana 47715 have invented certain improvements in a NECK FINISH FOR A CONTAINER and have executed an application for United States Letters Patent therefor on November , 1999; and

Whereas, REXAM MEDICAL PACKAGING INC., of Evansville, Indiana, an Indiana corporation whose post office address is 3245 Kansas Avenue, Evansville, Indiana 47711 (including its successors and assigns), desires to acquire my entire right, title and interest in said application and invention, and any United States and foreign patents to be obtained therefor;

Now therefore, for good and valuable consideration, the receipt of which is hereby acknowledged, I hereby sell, assign and transfer unto said REXAM MEDICAL PACKAGING INC. the entire right, title and interest in said application 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, divisionals, and reissues based thereon which may be filed or granted therefor in the United States or any foreign country. I also agree that REXAM PLASTICS, INC. may apply for foreign

Letters Patent on the invention, and I agree to cooperate with REXAM PLASTICS, INC. and to execute without additional consideration any additional documents as deemed necessary by REXAM MEDICAL PACKAGING INC. to apply for or maintain patents or other legal protection for the invention in any country of the world.

I hereby authorize and request the U.S. Commissioner of Patents and Trademarks to issue any Letters Patent granted upon the invention set forth in this application to said REXAM MEDICAL PACKAGING INC.

Christopher Clodfelter
CHRISTOPHER CLODFELTER

Executed this 16th day of November, 1999.

Douglas Sprick
DOUGLAS SPRICK

Executed this 16th day of November, 1999.

STATE OF INDIANA)
) SS:
COUNTY OF VANDERBURGH)

Before me personally appeared CHRISTOPHER CLODFELTER and acknowledged the foregoing instrument to be his free act and deed this 16th day of November, 1999.

My Commission expires: July 1, 2001

Audrey E. Persinger
Notary Public

(Seal)

STATE OF INDIANA)
) SS:
COUNTY OF VANDERBURGH)

Before me personally appeared DOUGLAS SPRICK and
acknowledged the foregoing instrument to be his free act and deed
this 16th day of November, 1999.

My Commission expires: July 1, 2001
Audrey E. Persinger
Notary Public