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

<p>1. Name of conveying party(ies): RADOSLAW ROMUALD ZAKREZEWSKI</p> <p>Additional names of conveying party(ies) attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>3. Nature of Conveyance <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other</p> <p>Execution Date: December 10, 1999.</p>		<p>2. Name and address of receiving party(ies): Name: SIMMONDS PRECISION PRODUCTS, INC. Internal Address: The B.F. Goodrich Company 3 Coliseum Centre, 225 West Tyvola Road Charlotte, North Carolina 28217 A New York Corporation Street Address: 9921 Brecksville Road City: Brecksville State: OH Zip: 44141-3289</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	
<p>4. Application number(s) or patent number(s): Title: METHOD OF VERIFYING PRETRAINED NEURAL NET MAPPING FOR USE IN SAFETY-CRITICAL SOFTWARE</p> <p>A. Patent Application No(s). Unknown B. Patent No(s). Unknown</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>5. Name and address of party to whom correspondence concerning document should be mailed: William E. Zitelli (Reg. No. 28,551) Calfee, Halter & Griswold LLP 1400 McDonald Investment Center 800 Superior Avenue Cleveland, Ohio 44114-2688</p> <p>"EXPRESS MAIL" Mailing No. EL085318596JS I hereby certify that this paper or fee is being deposited with the US Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on this date indicated below. <u>Kurt Feuersten</u> <u>12/16/99</u> (Name of Person Mailing paper) Date</p>		<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41): <u>\$ 40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Total fee due <input checked="" type="checkbox"/> Any deficiencies in the enclosed fees</p> <p>8. Deposit account number: 07-1625 (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. William E. Zitelli <u>William E Zitelli</u> <u>12-16-99</u> Name of Person Signing Signature Date Reg. No.: 28,551 Tel. No.: (216) 622-8229</p>			

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