

02-22-2000



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

Submission Type

New (DOCKET NO. 73025/00480)

Resubmission (Non-Recordation)  
Document ID#

Correction of PTO Error  
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Conveyance Type

Assignment  Security Agreement

License  Change of Name

Merger  Other

U.S. Government

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Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1) Brendan Slabe

Execution Date  
Month Day Year  
02/02/00

Name (line 2)

Second Party

Name (line 1)

Execution Date  
Month Day Year

Name (line 2)

02/15/2000 VTOMLER 00000011 300902 09497024

Receiving Party

32.00 00

Mark if additional names of conveying parties attached

Name (line 1) Slabe Machine Products

Name (line 2)

Address (line 1) 4659 Hamann Parkway

Address (line 2)

Address (line 3) Willoughby

Ohio

44094

City

State/Country

Zip Code

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.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

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**Correspondent Name and Address**

Area Code and Telephone Number

Name

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**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).

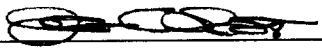
Patent Application Number(s)			Patent Number(s)		
<input type="text" value="0949824"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

**Patent Cooperation Treaty (PCT)**  
Enter PCT application number only if a U.S. Application Number has not been assigned.  
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**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: #   
Docket No.   
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.*  
    
Signature Date



continuation, division, renewal, or substitute thereof, and as to letters patent, any reissue or re-examination thereof. ASSIGNOR hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment.

ASSIGNOR further covenant that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

Signed at WILLOUGHBY, OHIO on this  
(City) (State)

2<sup>nd</sup> day of FEBRUARY, 2000.  
(Month)

Brendan Slabe  
BRENDAN SLABE

STATE OF OHIO )  
) : SS  
COUNTY OF LAKE )

Personally appeared before me this day, Brendan Slabe, known to me, who acknowledged that he signed the foregoing instrument for the uses and purposes therein mentioned, and that the same is his free act and deed.

In testimony whereof, I have hereunto set my hand and affixed my seal, this 2 day of FEBRUARY, 2000.

**F. E. SLABE JR.**  
Notary Public - State of Ohio  
My Commission Expires Jan. 9, 2002  
(Recorded in Lake County)

[Signature]  
Notary Public  
(Seal)

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