

02-24-2000

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

<p>1. Name of conveying party(ies): County Line Limited Partnership</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 type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Release of Security Interest</u></p> <p>Execution Date: <u>August 31, 1999.</u></p>	<p>Name and address of receiving party(ies): Name: <u>National City Bank</u> Internal Address: A _____ corporation</p> <p>Street Address: <u>1900 East Ninth Street</u> City <u>Cleveland</u> State <u>Ohio</u> Zip: <u>44414</u></p> <p>Additional name(s) & address(es) attached? ___ yes <input checked="" type="checkbox"/> no</p>
<p>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</p> <p>A. Patent Application No(s). _____ B. Patent No(s). <u>5,507,117</u></p> <p>Additional numbers attached? ___ Yes <input checked="" type="checkbox"/> No</p>	
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Jeanne E. Longmuir, Esq. Calfee, Halter & Griswold LLP 1400 McDonald Investment Center 800 Superior Avenue Cleveland, Ohio 44114-2688</p> <p>Certificate of Mailing Date: <u>1/27/00</u></p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope with sufficient postage addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p><u>YOLONDA S. TOTH</u> Name of Person Signing (Type or Print) <u>1/27/00</u> 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></p> <p><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: <u>03-0172</u></p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>
<p>DO NOT USE THIS SPACE</p>	
<p>9. Statement and signature</p> <p>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.</p> <p>Jeanne E. Longmuir _____ Name of Person Signing _____ Reg. No. <u>33,133</u> Tel: <u>216/622-8200</u></p> <p><u>Jef</u> _____ Signature _____ Date <u>1/26/00</u></p> <p style="text-align: right;">Total number of pages comprising transmittal: <u>1</u></p>	

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