

04-03-2000



PATENT  
09/511519  
02/23/00

Docket No. 198-1605

101304343

*MMP J.B.W.*

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
- License
- Merger
- Security Agreement
- Change of Name
- 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

Execution Date  
Month Day Year  
02 09 00

Name (line 1) Crossman, David L.

Name (line 2) \_\_\_\_\_

Second Party

Execution Date  
Month Day Year  
02 08 00

Name (line 1) Mosser, Drew Donald

Name (line 2) \_\_\_\_\_

*09/511519*

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) Ford Motor Company

Name (line 2) A Delaware Corporation

Address (line 1) The American Road

Address (line 2) \_\_\_\_\_

Address (line 3) Dearborn MI - USA 48121

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) \_\_\_\_\_

03/31/2000 DNGUYEN 00000221 061500 09511519

FOR OFFICE USE ONLY

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 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

**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
02	08	00

**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

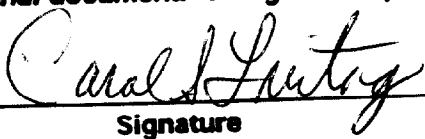
**Deposit Account**  
(Enter for payment by deposit account or if additional fees can be charged to the account.)

**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.*

CAROL S. FREITAG            February 23, 2000

Name of Person Signing      Signature      Date

# RECORDATION FORM COVER SHEET CONTINUATION PATENTS ONLY

U.S. Department of Commerce  
Patent and Trademark Office

PATENT

09/23/15  
02/23/00

## Conveying Party(ies)

Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Name (line 1) Babcock, Robert T.

Execution Date  
Month Day Year  
02080

Name (line 2)

Execution Date  
Month Day Year

Name (line 1)

Name (line 2)

Execution Date  
Month Day Year

Name (line 1)

Name (line 2)

## Receiving Party(ies)

Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

Name (line 1)

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)

Address (line 2)

Address (line 3) City State/Country Zip Code

Name (line 1)

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)

Address (line 2)

Address (line 3) City State/Country Zip Code

## 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)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ASSIGNMENT

WHEREAS, THE UNDERSIGNED,

has/have invented certain new and useful improvements in:

Attorney Docket No. **198-1605** entitled: **MOISTURE REDUCTION ASSEMBLY**

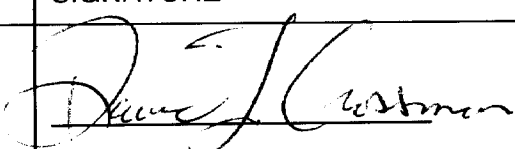
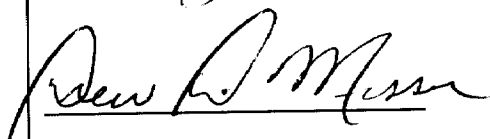

for which I/we intend to make application for Letters Patent of the United States listing the following as inventors:

**Robert Babcock**  
**Drew Mosser**  
**David Crossman**; and

WHEREAS, FORD MOTOR COMPANY, a corporation organized and existing by virtue of the laws of the State of Delaware, having its principal place of business at Dearborn, County of Wayne, and State of Michigan, is desirous of acquiring an interest therein;

NOW, THEREFORE, pursuant to my employment agreement heretofore made with FORD MOTOR COMPANY, or by my contractual obligation, I do sell, assign and transfer unto FORD MOTOR COMPANY the full and exclusive right for the United States of America and for all foreign countries to the said invention, as described in the specification executed by me on the date listed below, preparatory to obtaining Letters Patent of the United States therefor (and I hereby authorize my attorneys to insert the serial number and filing date herein:

Serial No. \_\_\_\_\_, Filing Date \_\_\_\_\_), and I hereby request the Commissioner of Patents and Trademarks to issue said Letters Patent to FORD MOTOR COMPANY as the assignee. Executed by:

NAME	SIGNATURE	DATE
David L. Crossman 4301 Heatherwood Dr. Milford, MI 48381 US		<u>9 Feb 00</u>
Drew Donald Mosser 1269 Shellsburg Road Imler, PA 16655 US		<u>2/8/00</u>
Robert T. Babcock 8696 Holly Dr. Canton, MI 48187 US		<u>2-8-2000</u>

Malleck

Attorney Docket No: 198-1605 Please call 313-322-7762 if this paper becomes separated from the file.