

06/07/00 11:10

703 308 7124

USPTO ACSD

0002

FORM PTO-1585
(Rev. 5-93)

OMB No. 0651-0011 (exp. 4/94)

RECORDATION FORM COVER SHEET
PATENTS ONLYU.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

Tab settings = = = ▾

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

John Strisower
1884 Cummings Lane
Durham, CA 95938Additional name(s) of conveying party(ies) attached? ☐ Yes ☐ No

2. Name and address of receiving party(ies)

Name: Mikohn Gaming Corporation

Internal Address: P.O. Box 98686
Las Vegas, NV 89193-8686

Street Address: 1045 Palms Airport Drive

City: Las Vegas State: NV ZIP: 89119

Additional name(s) & address(es) attached? ☐ Yes ☐ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

Execution Date: February 11, 2000

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: _____

A. Patent Application No.(s) 516,651

B. Patent No.(s) 5,803,808

Additional numbers attached? ☐ Yes ☐ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Charles H. McCrea, Jr.
Mikohn Gaming Corporation
Internal Address: P.O. Box 98686
Las Vegas, NV 89193-8686

Street Address: 1045 Palms Airport Drive

City: Las Vegas State: NV ZIP: 89119

6. Total number of applications and patents involved: **1**

7. Total fee (37 CFR 3.41).....\$ 40.00

- ☐ Enclosed
☒ Authorized to be charged to deposit account

8. Deposit account number: 500973

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

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.

CHARLES H. MCCREA, JR.
Name of Person SigningCharles H. McCrea, Jr.
Signature

6-7-00

Date

Total number of pages including cover sheet, attachments, and document: **1**Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments

PATENT

REEL: 010685 FRAME: 0211

700001062

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

+

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	516,651	
	Filing Date	August 18, 1995	
	First Named Inventor	John M. Strisower	
	Group Art Unit		
	Examiner Name	Jessica Harrison	
Total Number of Pages in This Submission		Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
<div>Remarks</div> <p>Please record the attached Assignment. Send confirmation to Mikohn Gaming Corporation</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mikohn Gaming Corporation
Signature	Charles A. McCabe, Jr. /mg
Date	May 24, 2000

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>		
Typed or printed name		
Signature		Date

+

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17(12/99)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEETRANSMITTAL
for FY2000
Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	516,651
Filing Date	August 18, 1995
First Named Inventor	John M. Strisower
Examiner Name	Jessica Harrison
Group/Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check one)
1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:
Deposit Account Number: 500973
Deposit Account Name: Mikohn Gaming Corp.
☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17
2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEES CALCULATION
1. BASIC FILING FEE

Large Entity Fee	Small Entity Fee	Fee Description Code (\$)	Code (\$)	Fee Paid
101690201345	Utility filing fee			
106310206155	Design filing fee			
107480207240	Plant filing fee			
108690209345	Reissue filing fee			
11415021475	Provisional filing fee			
SUBTOTAL (1)				(\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

**** or number previously paid, if greater; For Reissues, see below**

Large Entity Fee	Small Entity Fee	Fee Description Code (\$)	Code (\$)	Fee Paid
10318203	9	Claims in excess of 20		
1027820239		Independent claims in excess of 3		
104260204130		Multiple dependent claim, if not paid		
1097820939		** Reissue independent claims over original patent		
110182109		** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)				(\$)

3. ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Description Code (\$)	Code (\$)	Fee Paid
10513020565		Surcharge-late filing fee or oath		
1275022725		Surcharge-late provisional filing fee or coversheet		
139130139130		Non-English specification		
14725201472520		For filing a request for reexamination		
112920*112920*		Requesting publication of SIR prior to Examiner action		
1131840*1131840*		Requesting publication of SIR after Examiner action		
11511021555		Extension for reply within first month		
116380216190		Extension for reply within second month		
117870217435		Extension for reply within third month		
1181360218680		Extension for reply within fourth month		
1281850228925		Extension for reply within fifth month		
119300219150		Notice of Appeal		
120300220150		Filing a brief in support of an appeal		
121260221130		Request for oral hearing		
13815101381510		Petition to institute a public use proceeding		
14011024055		Petition to revive-unavoidable		
1411210241605		Petition to revive-unintentional		
1421210242605		Utility issue fee (or reissue)		
143430243215		Design issue fee		
144580244290		Plant issue fee		
122130122130		Petition to the Commissioner		
1235012350		Petitions related to provisional applications		
126240126240		Submission of Information Disclosure Stmt		
5814058140		Recording each patent assignment on property (times number of properties)		
146690246345		Filing a submission after final rejection (37 CFR § 1.129(a))		
149690249345		For each additional invention to be examined (37 CFR § 1.129(b))		
Other fee (specify)				
Other fee (specify)				
* Reduced by Basic Filing Fee Paid				
SUBTOTAL (3)				(\$40.00)

SUBMITTED BY
Name (Print Type): Aaron Passman
Signature:

Registration No. (Attorney/Agent): 26,783
Telephone: 702-263-1613
Date: May 24, 2000

Complete (if applicable)

PATENT ASSIGNMENT

WHEREAS, I, JOHN STRISOWER, whose address is 1884 Cummings Lane, Durham, CA 95938 (the "Assignor") am the owner of an invention entitled "Card Game Hand Counter/Decision Counter Device", identified as U.S. Patent No. 5,803,808, issued September 8, 1998.

WHEREAS, MIKOHN GAMING CORPORATION, a Nevada corporation, whose post office address is Post Office Box 98686, Las Vegas, Nevada 89193-8686 (the "Assignee"), is desirous of acquiring the entire right, title and interest in and to the aforesaid invention and Letters Patent in the United States.

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) to me in hand paid by the said Assignee, and other good and valuable consideration, receipt whereof is hereby expressly acknowledged, I the aforesaid, , hereby sell, transfer and set over to the said Assignee, successors, legal representatives and assigns, the entire right, title, and interest in and to the aforesaid invention and the aforesaid Letters Patent, for the territory of the United States of America and for all foreign countries, to all divisions, continuations, continuations-in-part, substitutions, reissues, re-examinations and extensions to be obtained therefor, and the right to sue and recover damages and profits for past infringement; and I further agree to cooperate with said Assignee hereunder in the sustaining of any or all such Letters Patent but at the expense of said Assignee.

Further, I agree that I will communicate to said Assignee or its representatives any facts known to me respecting said invention, and testify in any legal proceedings, sign all lawful papers, execute all division, continuation, continuation-in-part, substitution, reissue, re-examinations, and extension applications, execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to said Assignee, make all rightful oaths, and generally do everything necessary or desirable to aid said Assignee, its successors, and assigns to obtain and enforce proper protection for said invention in the United States and in any and all foreign countries.

This Assignment is executed by JOHN STRISOWER as of the respective date set forth below to be effective as of the respective date set forth below.

Date: 2/11/2000


JOHN STRISOWER

1045 PALMS AIRPORT DRIVE
LAS VEGAS, NV 89119
(702) 896-3890
(702) 263-1681 - FAX

**MIKOHN GAMING
CORPORATON**

Fax

To: Patent and Trademark Office **From:** Wanda Jacobson
Fax: 703-306-5995 **Pages:** 5 (including this cover page)
Phone: **Date:** June 7, 2000
Re: Patent Assignment Recordation **CC:**
☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply**

Please record the attached Assignment and return confirmation to me.
Thank you.

The documents accompanying this FAX transmission contain confidential information which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on or regarding the contents of this FAXED information is strictly prohibited. If you have received this FAX in error, please notify us immediately by telephone to arrange for return of the original documents to us.

ORIGINAL DOCUMENTS: WILL: _____ WILL NOT: _____ FOLLOW BY MAIL