



07-24-2000



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FORM PTO-1595
(Rev. 6-93)

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

RECORDATION F

DEPARTMENT OF COMMERCE
Patent and Trademark Office

PATENTS ONLY

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

<p>1. Name of conveying party(ies):</p> <table><tr><td>Name</td><td>Execution Dates</td></tr><tr><td>Friedrich Bude</td><td>12-19-1997</td></tr><tr><td>Karl Albers</td><td>12-12-1997</td></tr><tr><td>Richard Zachay</td><td>12-12-1997</td></tr></table> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6-28-00</p>	Name	Execution Dates	Friedrich Bude	12-19-1997	Karl Albers	12-12-1997	Richard Zachay	12-12-1997	<p>2. Name and address of receiving party(ies):</p> <p>Name: <u>Clyde Bergemann GmbH</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>Schillwiese 20</u></p> <p>City: <u>Wesel</u> Country: <u>Germany</u> Zip: <u>D-46485</u></p> <p>Additional Name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
Name	Execution Dates								
Friedrich Bude	12-19-1997								
Karl Albers	12-12-1997								
Richard Zachay	12-12-1997								
<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Date: <u>December 19, 1997</u></p>									

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.	B. Patent No.(s)
	6,073,641

Additional Numbers attached? ☐ Yes ☒ No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>R. William Beard, Jr.</u></p> <p>Internal Address: <u>Frohwitter</u></p> <p>Street Address: <u>Three Riverway, Suite 500</u></p> <p>City: <u>Houston</u> State: <u>TX</u> ZIP: <u>77056</u></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 checked="" type="checkbox"/> Check Enclosed, however if missing or insufficient, the Commissioner is authorized to charge Deposit Account Number 02-0840, Order Number.</p> <p><input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <u>02-0840</u></p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>
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DO NOT USE THIS SPACE

<p>9. Statement and signature</p> <p>To the best of my knowledge and belief, the foregoing information is true and any attached copy is a true copy of the original document.</p> <table><tr><td><u>R. William Beard, Jr.</u></td><td><u>39,903</u></td><td><u>William Beard</u></td><td><u>6/23/00</u></td></tr><tr><td>Name of Person Signing</td><td>Reg. No.</td><td>Signature</td><td>Date</td></tr></table>		<u>R. William Beard, Jr.</u>	<u>39,903</u>	<u>William Beard</u>	<u>6/23/00</u>	Name of Person Signing	Reg. No.	Signature	Date
<u>R. William Beard, Jr.</u>	<u>39,903</u>	<u>William Beard</u>	<u>6/23/00</u>						
Name of Person Signing	Reg. No.	Signature	Date						
Total number of pages including cover sheet, attachments, and documents: <u>3</u>									

07/21/2000 DNGUYEN 00000125 6073641

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40.00 OP

PATENT
REEL: 010927 FRAME: 0177

ASSIGNMENT

For valuable consideration, I (we) the below signed inventor(s) of record, hereby assign to

Clyde Bergemann GmbH

having a place of business at:

Schillwiese 20
D-46485 Wesel, Germany

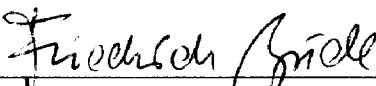
and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements, entitled:

"Drive System for a Water Lance Blower with a Housing for Blocking and Flushing
Medium and a Method for its Operation"

this assignment including any and all United States and foreign patents, utility models, design registrations, inventor's certificates and other similar rights granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name, or in its own name, for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and I agree for myself and my heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS WHEREOF, I hereby set my hand, date of signature and place of signature as indicated below.

Full Name of First Joint Inventor: Friedrich Bude
Residence: Cottbus, Germany
Citizenship: Germany
Post Office Address: Chopinstrasse 24, D-03050 Cottbus, Germany


Signature of First Inventor

19.12.97
Date of
Signature

Cottbus
Place of Signature:
City, Country

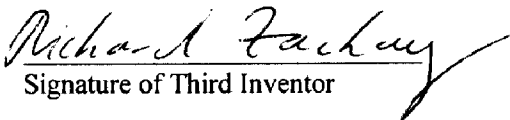
Full Name of Second Joint Inventor: Karl Albers
Residence: Wesel, Germany
Citizenship: Germany
Post Office Address: In der Luft 15, D-46485 Wesel, Germany


Signature of Second Inventor

12.12.1997
Date of
Signature

Wesel, Germany
Place of Signature:
City, Country

Full Name of Third Joint Inventor: Richard Zachay
Residence: Voerde, Germany
Citizenship: Germany
Post Office Address: Ikurfürstenring 14, D-46562 Voerde, Germany


Signature of Third Inventor

12.12.1997
Date of
Signature

Wesel, Germany
Place of Signature:
City, Country

Full Name of Fourth Joint Inventor, if any _____
Residence _____
Citizenship _____
Post Office Address _____

Signature of Fourth Inventor

Date of
Signature

Place of Signature:
City, Country

Full Name of Fifth Joint Inventor, if any _____
Residence _____
Citizenship _____
Post Office Address _____

Signature of Fifth Inventor

Date of
Signature

Place of Signature:
City, Country

Full Name of Sixth Joint Inventor, if any _____
Residence _____
Citizenship _____
Post Office Address _____

Signature of Sixth Inventor

Date of
Signature

Place of Signature:
City, Country