

01-02-2001

D/#

FORM PTO-1619A  
Expires 06/30/99  
OMB 0651-0027



101568620

U.S. Department of Commerce  
Patent and Trademark Office  
**PATENT**

12/13/00

29/134092

### 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  Security Agreement

License  Change of Name

Merger  Other

**U.S. Government**  
(For Use ONLY by U.S. Government Agencies)

Departmental File  Secret File

U.S. PTO  
29/134092  
12/13/00

#### Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1)  Execution Date Month Day Year

Name (line 2)

#### Second Party

Name (line 1)

Name (line 2)

Execution Date Month Day Year

#### Receiving Party

Mark if additional names of receiving parties attached

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

#### 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)

12/29/2000 PAMMED1 00000219 29134092  
01 FC:581 40.00 DP

FOR OFFICE USE ONLY

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  
**PATENT**

REEL: 011373 FRAME: 0587

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

U.S. PTO  
29/134092  
12/13/00

**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

**Patent Cooperation Treaty (PCT)**

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>
PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>

**Number of Properties**

Enter the total number of properties involved. #

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment:  
Deposit Account

Enclosed  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.

Kit M. Stetina  
Name of Person Signing

Signature

12/13/00  
Date

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.

### ASSIGNMENT OF APPLICATION

Docket Number (Optional)  
ELITE-034D

Whereas, I, Carl A. Muller of Huntington Beach, CA, hereafter referred to as applicant, have invented certain new and useful improvements in \_\_\_\_\_

DINING CHAIR

for which an application for a United States Patent was filed on \_\_\_\_\_, Application Number \_\_\_\_\_/\_\_\_\_\_.

for which an application for a United States Patent was executed on 12-5-00, and

ELITE MANUFACTURING CORPORATION

Whereas, \_\_\_\_\_ of Santa Fe Springs, CA herein referred to

12143 Altamar Place

"assignee" whose post office address is Santa Fe Springs, CA 90670 is de-

sirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of ONE dollars (\$ 1.00 ), the receipt whereof is ac-

knowledged, and other good and valuable consideration, I, the applicant, by these presents do sell, assign

and transfer unto said assignee the full and exclusive right to the said invention in the United States and the

entire right, title and interest in and to any and all Patents which may be granted therefor in the United States,

I hereby authorize and request the Commissioner of Patents and Trademarks to issue said United States

Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof;

and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may

be granted, as fully and entirely as the same would have been held by me had this assignment and sale not

been made.

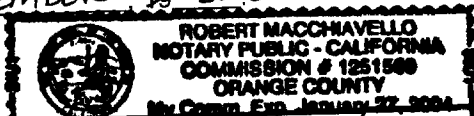
Executed this 5<sup>th</sup> day of December, 19 2000.

at Huntington Beach, California.

Carl A. Muller (Signature)

State of CALIFORNIA ) SS:  
County of ORANGE )

Before me personally appeared said CARL A. MULLER  
and acknowledged the foregoing instrument to be his free act and deed this 5<sup>th</sup>  
day of DECEMBER 19 2000



(Notary Public)

Seal

Burden Hour Statement: This form is estimated to take 0.1 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: Commissioner of Patents and Trademarks, Washington, DC 20231.