

01-11-2001



101580397

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

*MLO
1 2.26.01*

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

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) Execution Date
Month Day Year

Name (line 2)

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)

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)

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: 011406 FRAME: 0157

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" value="09663502"/>	<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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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: Enclosed Deposit Account

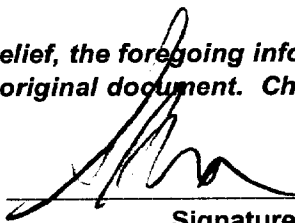
Deposit Account
(Enter for payment by deposit account or if additional fees can be charged to the account.)

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.

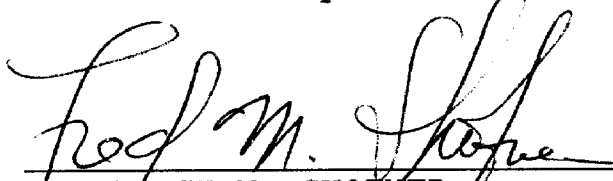
Steven C. Schnedler 

Name of Person Signing Signature Date

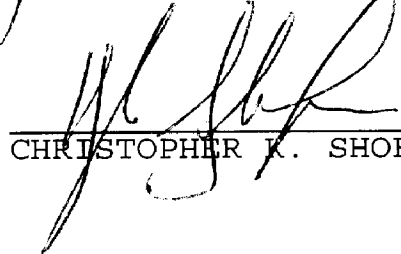
ASSIGNMENT

In consideration of the sum of One Dollar and other good and valuable consideration, of which we acknowledge receipt, we, FREDERICK M. SHOFNER and CHRISTOPHER K. SHOFNER, of Knoxville, Tennessee, sell and assign to SHOFNER ENGINEERING ASSOCIATES, INC., a corporation of the state of Tennessee, having a business address at 9737 Cogdill Road, Suite 215, Knoxville, Tennessee 37932 (hereinafter Assignee), its successors and assigns, our entire right, title and interest in and to the improvements in COLOR AND TRASH MEASUREMENTS BY IMAGE ANALYSIS, co-invented by us, as described in United States Patent Application Ser. No. 09/663,502, filed September 15, 2000, and any and all applications for patent and patents therefor in any and all countries, including all divisions, reissues, continuations and extensions thereof, and all rights of priority resulting from the filing of said United States patent application, and authorize and request any official whose duty it is to issue patents, to issue any patent on said improvements or resulting therefrom to said Assignee, or its successors or assigns, and agree that on request and without further consideration, but at the expense of said Assignee I will communicate to said Assignee or its representative or nominees any facts known to me respecting said improvements and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid said Assignee, its successors, assigns, and nominees to obtain and enforce proper patent protection for said improvements in all countries.

Date: 12/12/00


FREDERICK M. SHOFNER

Date: 12/12/00


CHRISTOPHER K. SHOFNER

STATE OF Tennessee)
)
COUNTY OF Knox) SS:

This 12th day of December, 2000,
before me personally came the above-named FREDERICK M. SHOFNER,
to me personally known as the individual who executed the
foregoing assignment, who acknowledged to me that he executed the
same of his own free will for the purposes therein set forth.

Gail Armstrong
NOTARY PUBLIC

My Commission Expires: April 10, 2004

(SEAL)

STATE OF Tennessee)
)
COUNTY OF Knox) SS:

This 12th day of December, 2000,
before me personally came the above-named CHRISTOPHER K. SHOFNER,
to me personally known as the individual who executed the
foregoing assignment, who acknowledged to me that he executed the
same of his own free will for the purposes therein set forth.

Gail Armstrong
NOTARY PUBLIC

My Commission Expires: April 10, 2004

(SEAL)

C:\PATMISC\SEA-14.ASS