

05-07-2001

Docket: 0210B-000245

FORM PTO-99A
Expires 06/30/99
OMR 0651-0027



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

101679712
RECORDATION FORM COVER SHEET
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MRD 10.20.00

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

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- Departmental File
- Secret File

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Name (line 1) Execution Date
 Month Day Year

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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.)

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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

248-641-1600

Name H. Keith Miller, Esq.

Address (line 1) Harness, Dickey & Pierce, P.L.C.

Address (line 2) P.O. Box 828

Address (line 3) Bloomfield Hills, MI 48303

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments

2

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)

09/693,763

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 as not been assigned.

PCT

PCT

PCT

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PCT

Number of Properties

Enter the total number of properties involved.

1

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:

08-0750

Authorization to charge additional fees:

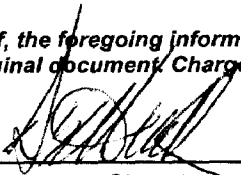
Yes

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.

H. Keith Miller, Esq.



April 23, 2001

Name of Person Signing

Signature

Date

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**RECORDATION FORM COVER SHEET
CONTINUATION
PATENTS ONLY**

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

Conveying Party(ies)

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Enter additional Conveying Parties

Name (line 1) Execution Date
Month Day Year

Name (line 2)

Name (line 1) Execution Date
Month Day Year

Name (line 2)

Name (line 1) Execution Date
Month Day Year

Name (line 2)

Receiving Party(ies)

Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

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Patent Number(s)

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On this 19th day of October, 2000,
before me personally appeared the foregoing individuals, who executed the foregoing
instrument and who acknowledged to me that they executed the same of their own
free will for the purpose therein set forth.

Elaine M. Biga
Notary Public,

(seal)

Macomb County, State of Michigan
My Commission Expires: 5-26-03

ELAINE M. BIGA
NOTARY PUBLIC MACOMB CO., MI
MY COMMISSION EXPIRES May 26, 2003
Acting in Oakland County