

2.20.01

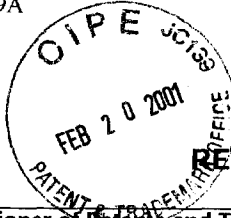
03-06-2001



101626658

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

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



**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**

**Conveying Party(ies)**

**Mark if additional names of conveying parties attached**    Execution Date  
Month Day Year

**Name (line 1)**

**Name (line 2)**

**Second Party**

Execution Date  
Month Day Year

**Name (line 1)**

**Name (line 2)**

**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)**

**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**

03/06/2001 GT0N11 00000061 5688064

01 FC:581 40.00 DP

**PATENT**  
**REEL: 011541 FRAME: 0300**

**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).*

<b>Patent Application Number(s)</b>			<input type="text" value="5,688,064"/>	<b>Patent Number(s)</b>	
<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
<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       PCT       PCT

PCT       PCT       PCT

**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

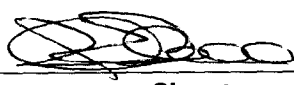
**Deposit Account**  
(Enter for payment by deposit account or if additional fees can be charged to the account.)

**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.*

Ira C. Edell            2/20/01

Name of Person Signing      Signature      Date

# ASSIGNMENT

WHEREAS, FUSION LIGHTING, INC., a corporation organized and existing under and by virtue of the laws of the State of Delaware, and having a principal place of business at 7524 Standish Place, Rockville, Maryland 20855 (hereinafter, "FUSION"), is the assignee of United States Patent Number 5,670,842, issued on September 23, 1997.

WHEREAS, FUSION UV SYSTEMS, INC., a corporation organized and existing under and by virtue of the laws of the State of Delaware, and having a principal place of business at 910 Clopper Road, Gaithersburg, Maryland 20878 (hereinafter, "UV"), is desirous of acquiring ownership of said patent.

NOW, THEREFORE, for one dollar (\$1) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, FUSION does hereby sell, assign, and transfer to UV, its entire right, title, and interest in and to said patent, the same to be held and enjoyed by UV for its own use and enjoyment, and for the use and enjoyment of its successors, assigns or other legal representatives, as fully and entirely as the same would have been held and enjoyed by FUSION if this assignment had not been made.

EXECUTED:

FUSION LIGHTING, INC.

Jan 31, 2001  
Date

Kent Kipling  
By: Kent Kipling  
Senior Vice President

On this 31<sup>st</sup> day of JANUARY, 2001, personally appeared before me the above named Kent Kipling, to me known and known to me to be the person named above, and who executed, the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in the instrument.

(SEAL)

Andrea L. Owens  
NOTARY PUBLIC

My commission expires: 9-1-04