FORM PTO-1619A Expires 06/30/99 OMB 0651-0027 MR7 3/20/01

04-05-2001



101669474

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

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PATENTS ONLY TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(les).							
Submission Type Conveyance Type							
New X Assignment Security Agreement							
Resubmission (Non-Recordation) Document ID# 101569413 License Change of Name							
Correction of PTO Error Reel # Frame # U.S. Government							
Corrective Document Reel # Frame # Frame # Pepartmental File Secret File							
Conveying Party(ies) Mark if additional names of conveying parties attached Execution Date Month Day Year							
Name (line 1) Rosenstrom, Bo Richard 09152000							
Name (line 2) an individual Execution Date Month Day Year							
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Receiving Party Mark if additional names of receiving parties attached							
Name (line 1) Carrier Vibrating Equipment, Inc. If document to be recorded is an assignment and the							
Name (line 2) a corporation of Kentucky a corporation of Kentucky States, an appointment							
Address (Ilne 1) P. O. Box 37070 of a domestic representative is attached. (Designation must be a							
Address (line 2) separate document from Assignment.)							
Address (line 3) Louisville Kentucky 40233-7070 City State/Country Zip Code							
Domestic Representative Name and Address Enter for the first Receiving Party only.							
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Corresponde	ent Name and Address	Area Code and Telephone Num	ber 502-587-3400
Name [Vance A. Smith		
Address (line 1)	Stites & Harbison		
Address (line 2)	400 West Market Str	eet	
Address (line 3)	Suite 1800		
Address (line 4)	Louisville, Kentuck	y 40202	
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	being filed together with a <u>new</u> Patent A t named executing inventor.	Application, enter the date the patent ap	plication was Month Day Year
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	not been assigned.		
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Vance A.	Smith	Vance asmil	7 3/20/01
Name	of Person Signing	Signature	· / / Date

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Expires 06/30/99 OMB 0651-0027

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Submission Type Conveyance Type					
New X Assignment Security Agreement					
Resubmission (Non-Recordation) Document ID# 101481634A License Change of Name					
Correction of PTO Error Merger Other					
Reel # U.S. Government Corrective Document (For Use ONLY by U.S. Government Agencies)					
Reel # Frame # Departmental File Secret File					
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Name (line 1) Mark if additional names of conveying parties attached Execution Date Month Day Year					
Name (line 2)					
Execution Date					
Second Party Name (line 1) Month Day Year					
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Receiving Party Mark if additional names of receiving parties attached					
Name (Iline 1) Carrier Vibrating Equipment, Inc. If document to be recorded is an assignment and the					
Name (line 2) a Kentucky corporation receiving party is not domiciled in the United States, an appointment					
Address (line 1) P. O. Box 37070 of a domestic representative is attached.					
(Designation must be a separate document from					
Address (line 2) Assignment.)					
Address (line 3) Louisville Kentucky 40233-7070					
Domestic Representative Name and Address Enter for the first Receiving Party only.					
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Number of Properties Enter t	the total number of properties involved.	# 1
Fee Amount Fee Am	ount for Properties Listed (37 CFR 3.41):	\$ already paid
Method of Payment: Deposit Account	Enclosed Deposit Account	
(Enter for payment by deposit account o	or if additional fees can be charged to the account.) Deposit Account Number:	#
	Authorization to charge additional fees:	Yes No
Statement and Signature		
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	Vana ahu Th	12-9-00
Vance A. Smith Name of Person Signing	Signature	Date
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10-10-2000 FORM PTO-1619A U.S. Department of Commerce Patent and Trademark Office OMB 0651-0027 PATENT 101481634 RECORDATION FORM COVER SHEET **PATENTS ONLY** TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(is Conveyance Type Submission Type Х X Assignment Security Agreement New Resubmission (Non-Recordation) License Change of Name Document ID# Correction of PTO Error Other Merger Frame # Reel# U.S. Government Corrective Document (For Use ONLY by U.S. Government Agencies) Reel# Frame # Departmental File Secret File Conveying Party(ies) Mark if additional names of conveying parties attached **Execution Date** Month Day Name (line 1) Rosenstrom. 09152000 Bo Richard Name (line 2) Execution Date an individual Second Party Month Day Name (line 1) Name (line 2) **Receiving Party** Mark if additional names of receiving parties attached If document to be recorded Carrier Vibrating Equipment, Inc. is an assignment and the receiving party is not domiciled in the United Name (line 2) a corporation States, an appointment of a domestic Address (line 1) representative is attached. (Designation must be a separate document from Address (line 2) Assignment.) Address (line 3) **Domestic Representative Name and Address** Enter for the first Receiving Party only. 10/02/2000 DTHONOS 1110000123 0966682 02 FC:581 Address (line 1) Address (line 2) Address (line 3) Address (line 4) FOR OFFICE USE ONLY

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Correspondent Name and Address Area Code and Telephone Number 502-587-3400					
Name Vance A. Smith					
Address (line 1) Stites & Harbison					
Address (line 2) 400 West Market Str	reet				
Address (line 3) Suite 1800					
Address (line 4) Louisville, Kentuck	cy 40202				
Pages Enter the total number of including any attachment	pages of the attached conveyance docu	ment # 1			
Application Number(s) or Patent N		additional numbers attached			
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Patent Application Number(s)	Pater	nt Number(s)			
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Number of Properties Enter the total number of properties involved. # 1					
Fee Amount Fee Amou	nt for Properties Listed (37 CFR 3.41):	\$ 40.00			
Method of Payment: Enclosed X 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					
	belief, the foregoing information is true e original document. Charges to deposi				
_Vance_A. Smith	Variet at the	9-21-00			
Name of Person Signing	Signature	Date			

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