

3-30-01

04-16-2001

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



101664188

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

Name (line 1)     Execution Date Month Day Year

Name (line 2)

**Second Party**

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**

04/13/2001 DBYRNE 00000077 09787167  
40.00 OP  
01 FC:581

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: 011670 FRAME: 0477**

**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="09/787,167"/>	<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"/>	<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:  
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.

James F. Gottman



March 28, 2001

Name of Person Signing

Signature

Date

ASSIGNMENT

WHEREAS, I, Leif Andersson, of, Täby, Sweden, invented certain new and useful ELECTRONIC DISTANCE MEASURING DEVICE for which I executed an application for a United States Patent and for which said application for United States Patent was filed on March 14, 2001, under

☒ Patent Application Serial No. 09/787,167

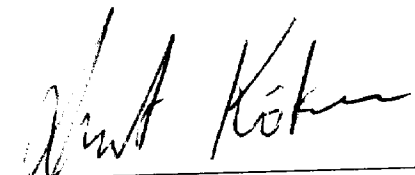
☒ Attorney Docket No. SPB 0003 PA


WHEREAS, I hereby authorize and request the attorney(s) and/or agent(s) empowered to act on my behalf in the aforementioned application, to insert above the filing date and application number of said application, when known;

AND WHEREAS, Spectra Precision AB, a Swedish Body Corporate, with a place of business at P.O. 64, S-182 11, Danderyd, Sweden, hereinafter called the Assignee, is desirous of acquiring the entire right, title and interest in and to said application and the inventions therein disclosed and any letters patent that may issue thereon;

NOW, THEREFORE, for good and valuable consideration, receipt whereof is hereby acknowledged, I hereby sell, assign and transfer unto said Assignee, its successors and assigns, the entire right, title and interest in and to said application and any divisions or continuations thereof, and the inventions therein disclosed, and any improvements thereon, and any patent or patents that may be issued or reissued thereon, and I hereby authorize and request the Commissioner of Patents and Trademarks to issue any letters patent thereon, and reissues thereof, to said Assignee, its successors and assigns; and I hereby agree that, upon request, I will sign all papers, and make all rightful oaths, and do all acts which said Assignee, its successors or assigns, may consider necessary in connection with said United States application, and with any improvements thereon, and in connection with any patents issued or reissued thereon.

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 6 day of March, 2001.

  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Leif Andersson