

05-29-2001



101733310

5-18-01

RECORDATION FORM COVER SHEET  
PATENTS ONLY

997 U.S. PTO  
09/860895



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 **09/860895**

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)

Execution Date Month Day Year

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

05/23/2001 EFDRES 00000052 09860895

40E

03 FC:581 40.00 DP

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

**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"/>	<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

**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.)

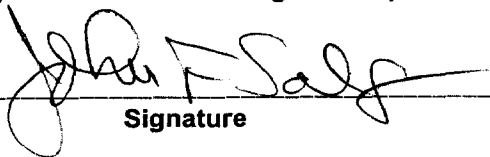
Deposit Account Number: #

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.

John F. Salazar  
Name of Person Signing



Signature

05/18/2001  
Date

**ASSIGNMENT OF INVENTION**  
**AND OF LETTERS PATENT**

Whereas, I, Gary V. Montgomery, 2215 Diefenbach Road, Evansville, Indiana, 47720, have invented certain improvements in a TWO STAGE DISPENSING CAP FOR PRESSURIZED CONTAINERS and have filed a utility patent application 09/440,973 on November 16, 1999, herewith ("Application"); and

Whereas, Rexam Medical Packaging Inc., of 3245 Kansas Rd, Evansville, Indiana, an Indiana corporation whose post office address is 3245 Kansas Road, Evansville, Indiana, 47711 (including its successors and assigns), desires to acquire my entire right, title and interest in said application and invention, and any United States and foreign patents to be obtained therefor;

Now therefore, for good and valuable consideration, the receipt of which is hereby acknowledged, I hereby sell, assign and transfer unto said Rexam Medical Packaging Inc., the entire right, title and interest in said applications and the invention disclosed therein for the United States of America and all countries foreign thereto, including rights of priority under the International Convention of Paris (1883) as amended and the entire right, title, and interest in and to any and all patent applications, patents, continuations, continuations-in-part, divisionals, and reissues based thereon which may be filed or granted therefor in the United States or any foreign country. I also agree that Rexam Medical Packaging Inc., may apply for foreign Letters Patent on the invention, and I agree to cooperate with Rexam Medical Packaging Inc., and to execute without additional consideration any additional documents as deemed necessary by Rexam

