(Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) PATE 101880471 tent and Trademark Office Tab settings ⇒ ⇒ ▼ ▼ ▼ ▼ ▼ ▼ To the Honorable Commissioner Tabentis End Trademarks: Please record the attached original documents or copy thereof. 2. Name and address of receiving party(ies) 2. Name and address of receiving party(ies) Name: Internal Address: Please record the attached original documents or copy thereof. 1. Name of conveying party(ies) 0CT 16 2001 Tabel and address of receiving party(ies) Additional name(s) of conveying party(ies) attached? Yes S No No		γ		
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1. Name of conveying partylies OCT 15 201 0. TATCO INC. OCT 15 201 Additional name(s) of conveying partylies) attached? () Yies () Name: INTEGRATED PEODUCID SCRUCES, LTD. Additional name(s) of conveying partylies) attached? () Yies () Name: INTEGRATED PEODUCID SCRUCES, LTD. Internal Address:		er of Raterits and Trademarks:	Please record the attached original docu	ments or copy thereof.
CTATCO INC. DCT 15 201 Name: INTEGRATE PERSONALITION SCRUCTES, LTT. Name: INTEGRATE PERSONAL INCONSTRUCTION SCRUCTES, LTT. Internal Address: Internal Address: Security Agreement Change of Name Other Other Other Street Address: Dift 15 200 Additional name(s) of conveyance: Street Address: Other Other Other Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: A Patent Application No.(s) S. Name and address of party to whom correspondence Concerning document should be mailed: Name: Name: Street Address: Grow Nin BERLIN Street Address: Street Addres		/ · · · · · · · · · · · · · · · · · · ·		
Additional name(s) of conveying partyles) attached? If Yes I No 3. Nature of conveyance: If: Assignment If: Other If: Other If: Other If: Other If: Application number(s) or patent number(s): If: this document is being filed together with a new application, the execution date of the application is: A: Application number(s) or patent number(s): If: this document should be mailed: Name: SEMM W: GoodDu/M Internal Address: Internal Address: Internal Address: Internal Address: GoodDu/M Internal Address: Street Address:		-		• • • •
3. Nature of conveyance: □ Assignment □ Merger □ Security Agreement □ Change of Name □ Other		PATER .		
□ Assignment □ Merger □ Security Agreement □ Change of Name □ Other	Additional name(s) of conveying party(ie	es) attached? 🗋 Yes 🕅 No		
Security Agreement Image of Name Street Address: Street Address: Concerning document is being filed together with a new application, the execution date of the application is: Additional name(s) & address(es) attached? A Patent Application number(s) or patent number(s): B. Patent No.(s) B. Patent Application number(s): B. Patent No.(s) S. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: Mame: SERM W. GOODWIN BERLIN MEKAY Internal Address: Image: Image: Street Address: Street Address: Image: Statement and signature: To the best of my knowledge and belief, the foregoing information isfrue and correct and any ettached copy is a true copy of the original document. Signature To the best of my knowledge and belief, the foregoing information isfrue and correct and any ettached copy is a true copy of the original document. Signature	Nature of conveyance:			
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Image: Securition Date: $Afgl:A = 05, 2000$ Additional name(s) & address(es) attached? If this document is being filed together with a new application, the execution date of the application is: A. Paper Application No.(s) B. Patent No.(s) B. Patent Application No.(s) B. Patent No.(s) S. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: Name: SEMINON BERLIN MEKAY 6. Total number of applications and patents involved: Internal Address: Guittoria for the best of my knowledge and belief, the foregoing information is frue and correct and any attached copy is a true copy of the original document. Scan W. & GOD&WIN State: AB. Zip: T2/24. Additional numbers attached? If this page if paying by deposit account Internal Address: Single for the copy of this page if paying by deposit account Street Address: Zip: T26 5C.3 City: CALGARY State: AB. Deposit account number: Internal and signature. To the best of my knowledge and belief, the foregoing information is frue and correct and any attached copy is a true copy of the original document. Signafure Scan W. & GOD&WIN Multi documents to be recorded with required cover sheet, attachments, and documents. Date Do	Security Agreement	🖵 Change of Name		
City: CALGARY State: AB Zip: T-2P34. Additional number(s): Additional name(s) & address(es) attached? If Yes If No 4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: If Yes If No 4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: If Yes If No A Patent Application No.(s) B. Patent No.(s) S. (a R, 49.3) Additional numbers attached? If Yes If No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: SERN W. GoODWIN Internal Address: If Enclosed ALLEADY PAID Internal Address: If Enclosed ALLEADY PAID GOOD WIN BERLIN MEKAY Authorized to be charged to deposit account Street Address: State: AB Zip: T245C3 City: CALGARY State: AB Zip: T245C3 O NOT USE THIS SPACE Statement and signature. Authorized copy of this page if paying by deposit account) SEAN W. GOODWIN Maid documents. Authorized correct and any attached copy is a true copy of the original document. SEAN W. GOODWIN <	Los do	U U	SUITE 1500, 840-277	AVENUE S.W
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: A. Patent Application No.(s) B. Patent No.(s) S. Patent Application No.(s) B. Patent No.(s) S. Name and address of party to whom correspondence concerning document should be mailed: Name: SEPIN Mathematication Mathematication GODDWIN GODDWIN B. Patent No.(s) B. Patent No.(s) City: CALCADY City: CALCARLY Statement and signature. To the best of my knowledge and belief, the foregoing information isfrue and correct and any attached copy is a true copy of the original document. SEAN Signature Other best of my knowledge and belief, the foregoing information isfrue and correct and any attached copy is a true copy of the original document. SEAN Signature Mail documents Signature To tal number of pages including cover sheet information to:			City: <u>CALGAEY</u> Sta	te: <u>AB</u> Zip: <u>T2P34</u> ,
 4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is:	Execution Date: APRIL C	5,2000	Additional name(s) & address(es) a	ttached? 🗔 Yes 🛛 No
If this document is being filed together with a new application, the execution date of the application is: A. Patent Application No.(s) B. Patent No.(s) B. Patent No.(s) S. Name and address of party to whom correspondence concerning document should be mailed: Name: SCAN SCAN Cocoodu/ind Internal Address: GOODW/IN GOODWIN BERLIN Street Address: GOODWIN Street Address: GOODWIN Street Address: GOODWIN Street Address: GOOD NOT USE THIS SPACE 9. Statement and signature. Child Active Space 70 Not USE THIS SPACE Street of my knowledge and belief, the foregoing information isfrue and correct and any attached copy is a true copy of the original document. SEAN W. GOODWIN Mail document. Statement and signature. Mail document. To the best of my knowledge and belief, the foregoing information isfrue and correct and any attached copy is a true copy of the original document. SEAN W. GOODWIN Mail documents. Mail documents to be recorded with required cover sheet information to:	4. Application number(s) or pate	ent number(s):	1	
A. Patent Application No.(s) B. Patent No.(s) 5, 612, 493 Additional numbers attached? ↓ Yes ♥ No 5. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: Name: SCPN W. GOODWIN Internal Address: GOODWIN Enclosed GOODWIN BERLIN MCKAY Street Address: Authorized to be charged to deposit account Street Address: Size HB Street Address: (Attach duplicate copy of this page if paying by deposit account) City: CALGARY Statement and signature. Copy of the original document. SEAN W. GOODWIN Nome of Person Signing Signature Name of Person Signing Signature Date Signature Mail documents to be recorded with required cover sheet information to:			cation, the execution date of the	application is:
5, 6/2, 49.3 Additional numbers attached? Yes IN 5. Name and address of party to whom correspondence concerning document should be mailed: Name: SEPN Matter Sepondence 6. Total number of applications and patents involved: Internal Address: GDODWIN BERLIN BERLIN MCKAY B. Deposit account number: Street Address: City: CALGARY State: AB. Do NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is frue and correct and any attached copy is a true copy of the original document. SERN W. GODBU/N Name of Person Signing Signature Name of Person Signing Signature Mail documents to be recorded with requird cover sheet information to: <	_	•• 3 -••••••••••••••••••••••••••••••••••		
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concerning document should be mailed: Internal Address:	5 Name and address of party to			and natents involved:
Internal Address: Internal Address: GOODWIN BERLIN MCKAY Internal Address: Street Address: Authorized to be charged to deposit account Street Address: 8. Deposit account number: Street Address: (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information isfrue and correct and any attached copy is a true copy of the original document. DOT 15 2001 Statement of Person Signing Signature Date Total number of pages including cover sheet, attachments, and documents: Date Mail documents to be recorded with required cover sheet information to: Documents:				
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Street Address:	GOODWIN BERL	IN MCKAY	Authorized to be charge	d to deposit account
Surre 660, 237-877 AVENUE S.E. City: CALCARY State:ABZip: T2G_5C3 (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is frue and correct and any attached copy is a true copy of the original document. SEAN W. 6100BWIN Name of Person Signing Total number of pages including cover sheet, attachments, and documents: Mail documents to be recorded with required cover sheet information to:			8. Deposit account number:	
City: CALGARY State: AB. Zip: T2G 5C3 (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is frue and correct and any attached copy is a true copy of the original document. OCT 15, 2001 SEAN W. 6r00bwin Signature Date Total number of pages including cover sheet, attachments, and documents: Date Mail documents to be recorded with required cover sheet information to: Dot	Street Address:			
9. 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. SEAN W. 600BWIN Name of Person Signing Total number of pages including cover sheet, attachments, and documents: Mail documents to be recorded with required cover sheet information to:				
9. 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. SEAN W. 600BWIN Name of Person Signing Signature Date Mail documents to be recorded with required cover sheet information to:	City: <u>CALGARY</u> State:	<u>48</u> _Zip: <u>7265C3</u>	(Attach duplicate copy of this page i	f paying by deposit account)
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. SEAN W. 6000W/N Jun Multiple Name of Person Signing Signature Total number of pages including cover sheet, attachments, and documents: Date Mail documents to be recorded with required cover sheet information to:		DO NOT USE	THIS SPACE	· · · · ·
SEAN W. 6000WIN Jun Jun Manha OCT 15, 2001 Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and documents: Distance Mail documents to be recorded with required cover sheet information to: Distance	To the best of my knowledge		information is true and correct an	d any attached copy
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To the Honorable Commissioner of Patents and Trademarks: 1. Name of conveying party(ies): OTTATCO INC	 Please record the attached original documents or copy thereof. 2. Name and address of receiving party(ies) Name: <u>INTEGRATED PRODUCTION SERVICES IN</u> Internal Address:
Additional name(s) of conveying party(ies) attached? Yes X No 3. Nature of conveyance: Assignment Security Agreement Other	Street Address: <u>SULTE 1500</u> 840 - 7th AVENUE S.W.
Execution Date:	City: <u>CALGARY</u> _State: <u>AB</u> _Zip: <u>T2P36</u> Additional name(s) & address(es) attached? S Yes X No
A. Patent Application No.(s) 27/2001 TDIAZ1 00000126 5612493 FC:531 40.00 (P) Additional numbers at	tached? La Yes La Karlon L
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>SEAN</u> W. GOODWIN	 6. Total number of applications and patents involved: 7. Total fee (37 CFR 3.41)\$ 40.00 Enclosed
Internal Address:	Authorized to be charged to deposit account
Street Address: <u>SUITE 660</u> 237-8TH AVENUE S.E.	8. Deposit account number:
City <u>CALGARY</u> State: <u>AB</u> Zip: <u>T2G 5C3</u>	(Attach duplicate copy of this page if paying by deposit account)
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9. Statement and signature. To the best of my knowledge and belief, the foregoing is a true copy of the original document. <u>SAN W GODWIN</u> Name of Person Signing Total number of pages including cover	information is true and correct and any attached copy Signature er sheet, attachments, and documents:
Mail documents to be recorded with Commissioner of Patents &	h required cover sheet information to: Trademarks, Box Assignments n, D.C. 20231

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Date of Search: Time of Search: Search provided by: 2000/10/17 01:56 PM THE DOWNTOWN REGISTRY LTD.

Service Request Number: 2395613 Customer Reference Number: 275230

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Corporate Access Number:208738419Legal Entity Name:INTEGRATED PRODUCTION SERVICES LTD.

Legal Entity Status:ActiveAlberta Corporation Type:Named Alberta CorporationMethod of Registration:AmalgamationRegistration Date:2000/04/05 YYYY/MM/DD

Registered Office:

-	
Streets	1500, 840 - 7 AVENUE SW
City:	CALGARY
Province:	ALBERTA
Postal Code:	T2P 3G2

Records Address:

Street:	1500, 840 - 7 AVENUE SW
City:	CALGARY
Province:	ALBERTA
Postal Code:	T2P 3G2

Directors:



10/17/00

NO. 922 D	204
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Last Name:	BILUK
First Name:	JAMES
Street/Box Number:	810, 603 - 7 AVENUE SW
Cíty:	CALGARY
Province:	ALBERTA
Postal Code:	12P 2T5
Last Name:	DAWSON
First Name:	WALTER
Street/Box Number:	11 PROMINENCE POINT SW
City:	CALGARY

City:CALGARYProvince:ALBERTAPostal Code:T3H 3E8

14:13

Last Name:	KRAUSERT
First Name:	KEITH
Middle Name:	M.
Street/Box Number:	910, 500 - 4 AVENUE SW
City:	CALGARY
Province:	ALBERTA
Postal Code:	T2P 2V6

Last Name:	ROBINSON
First Name:	DOUGLAS
Middle Name:	F.
Street/Box Number:	1500, 840 - 7 AVENUE SW
City:	CALGARY
Province:	ALBERTA
Postal Code:	T2P 3G2

Last Name:	WITHERS
First Name:	ROBERT
Street/Box Number:	733 WEST 21 STREET
City:	NORTH VANCOUVER
Province:	BRITISH COLUMBIA
Postal Code:	V7P 2C2

Last Name:	YAGER
First Name:	DAVID
Middle Name:	L.
Street/Box Number:	BOX 22, SITE 19, R.R. #2
City:	CALGARY
Province:	ALBERTA
Postal Code:	T2P 3G5

Details From Current Articles:

The information in this legal entity table supersedes equivalent electronic attachments

Share Structure:	THE ANNEXED SCHEDULE "A" IS INCORPORATED INTO AND FORMS PART OF THIS FORM.	
Share Transfers Restrictions:	NONE	
Min Number Of Directors:	3	
Max Number Of Directors:	10	
Business Restricted To:	NONE	
Business Restricted From:	NONE	
Other Provisions:	THE ANNEXED SCHEDULE "B" IS INCORPORATED INTO AND FORMS PART OF THIS FORM.	

Other Information:

Amalgamation Predecessors:

- 1	Corporate Access Numb	er Legal Entity Name
Y	207658253	OTATCO INC.
	207203621	RELIANCE SERVICES GROUP LTD.

Filing History:

List Date (YYYY/MM/DE)) Type of Filing
2000/04/05	Amalgamate Alberta Corporation
2000/04/07	Change Address
2000/07/22	Change Director / Shareholder

Attachments:

		Date Recorded (YYYY/MM/DD)
Statutory Declaration	10000696000302469	2000/04/05
Amalgamation Agreement	10000496000302470	2000/04/05
Other Rules or Provisions	ELECTRONIC	2000/04/05
Share Structure	ELECTRONIC	2000/04/05

This is to certify that, as of this date, the above information is an accurate reproduction of data contained within the official records of the Corporate Registry.



14:13

PATENT REEL: 012252 FRAME: 0174

RECORDED: 07/24/2001