

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

10-31-01

11-06-2001



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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

JCE21 U.S. PTO
09/984723
10/31/01

Conveying Party(ies)

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name (line 1) FRANK PARISH

10/30/2001

Name (line 2) _____

Second Party

Name (line 1) _____

Execution Date
Month Day Year

Name (line 2) _____

09984723

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) FRANK PARISH

Name (line 2) _____

Address (line 1) 558 Rolling Hills Road

Address (line 2) _____

Address (line 3) Dowell Maryland 20629
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

PATENT
REEL: 012292 FRAME: 0759

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 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

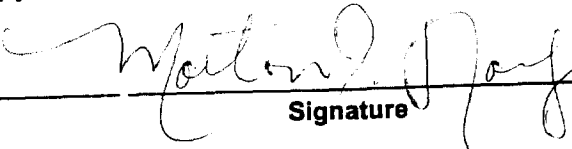
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) #

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.

Morton J. Rosenberg 

Name of Person Signing Signature Date

RECORDATION FORM COVER SHEET
CONTINUATION
PATENTS ONLY

Conveying Party(ies)

Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Name (line 1)		Execution Date Month Day Year	
Name (line 2)		Execution Date Month Day Year	
Name (line 1)		Execution Date Month Day Year	
Name (line 2)		Execution Date Month Day Year	
Name (line 1)		Execution Date Month Day Year	
Name (line 2)		Execution Date Month Day Year	

Receiving Party(ies)

Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

Name (line 1)	JUERGEN HABER	<input type="checkbox"/> 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)	1049 N. Daniel St.	
Address (line 2)		<input type="checkbox"/> 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.)
Address (line 3)	Arlington Virginia 22201	
	City State/Country Zip Code	
Name (line 1)		<input type="checkbox"/> 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)		<input type="checkbox"/> 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.)
Address (line 3)		
	City State/Country Zip Code	

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)		

1c821 U.S. PTO
09/30/92
10/31/01

ASSIGNMENT DEED

This Assignment agreement is applicable to an invention entitled (invention Title) DISCHARGEABLE HOPPER SYSTEM FOR VEHICULAR APPARATUS

The PATENT RIGHTS referred to in this agreement are:

- (Check one) [X] a Patent Application for this invention, executed by the ASSIGNOR(s) concurrently with this Assignment
[] U.S. Patent Application Serial No. _____, filed _____
[] U.S. Patent No. _____, issued _____

The PATENT RIGHTS assigned under this agreement are:

- (Check one) [X] U.S. Patent rights only
[] worldwide Patent rights. In this case, the assignee shall have the right to claim the benefit of the filing date of any U.S. Patent Application identified above.

The ASSIGNOR(s) referred to in this agreement is (or are):

(Full name of first assignor) FRANK PARISH
(Address) 558 Rolling Hills Road, Dowell, MD 20629

(Full name of second assignor, if any) _____
(Address) _____

(Full name of third assignor, if any) _____
(Address) _____

(Full name of fourth assignor, if any) _____
(Address) _____

The First ASSIGNEE referred to in this agreement is:

(Name of Assignee) FRANK PARISH
(Address of Assignee) 558 Rolling Hills Road, Dowell, MD 20629

The Second ASSIGNEE referred to in this agreement is:

(Name of Assignee) JUERGEN HABER
(Address of Assignee) 1049 N. Daniel St., Arlington, VA 22201-2837

The First ASSIGNEE is:

- (Check one) [X] an individual
[] a partnership
[] a Corporation of _____ (State or Country)

The Second ASSIGNEE is:

- (Check one) [X] an individual
[] a partnership
[] a Corporation of _____ (State or Country)

[] Additional assignees are being named on separately numbered sheets attached hereto.

The ASSIGNOR(S), in consideration of \$1.00 paid by each ASSIGNEE, and other good and valuable consideration, receipt of which is acknowledged, have and do hereby assign the following to each ASSIGNEE; their successors and assigns:

the full and exclusive right to the invention;
an equal interest in and to the entire right, title and interest in and to the PATENT RIGHTS in the invention, all continuations, continuations in -part, divisionals, re-issues, and re-examination patents and patent applications; and the right to claim property under 35 U.S.C. 119, based on any earlier foreign applications for this invention.

As to all U.S. Patent Applications assigned under this Agreement, the ASSIGNOR(S) hereby authorize(s) and requests the Director of Patents and Trademarks to issue all Letters Patent to the ASSIGNEE(s) as the ASSIGNEE(s) of an equal interest in the entire right, title and interest, for the sole use and enjoyment of said ASSIGNEE(s), their successors and assigns.

Further, the ASSIGNOR(s) agree(s) to communicate to said ASSIGNEE(s), or their representatives, any facts known to the ASSIGNOR(s) respecting said invention, and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuation, continuation in-part, substitute, renewal, reexamination and reissue applications, execute all necessary assignment papers to cause any and all Letters Patent to be issued to said ASSIGNEE(s), make all rightful oaths and generally do everything necessary or desirable to aid said ASSIGNEE(s), their successors and assigns, to obtain and enforce proper protection for said invention.

Frank Parish
(Signature of sole or first assignor)
FRANK PARISH (PARISH IS FAMILY NAME)

10/30/01 (Date)

(Signature of second assignor, if any)

(Date)

(Signature of third assignor, if any)

(Date)

(Signature of fourth assignor, if any)

(Date)