



102023879

To the Assistant Commissioner for Patents: Please record the attached original documents or copy thereof.

1. Name of conveying party(les): 2-27-02  
Lexington Safety Products, Inc.  
Additional name(s) of conveying party(les) attached?  Yes  No

2. Name and address of receiving party(les):  
Name:  
USA Helmet Company, LLC  
Street Address:  
P. O. Box 489  
Cookeville, Tennessee 38501

3. Nature of conveyance:  
 Assignment  Merger  
 Change of Name  Other  
 Security Agreement  
Execution Date: 12/28/2001

4. Application number(s) or patent (numbers):  
If this document is being filed together with a new application, the execution date of the application:  
A. Patent Application No(s).  
09/851,806

B. Patent No(s).  
Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
Robert O. Fox, Esq.  
LUEDEKA, NEELY & GRAHAM, P.C.  
P. O. Box 1871  
Knoxville, TN 37901

6. Total number of applications and patents involved:  
**1**  
7. Total fee (37 CFR 3.41).....\$ **40**  
 Enclosed  
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Total number of pages including cover sheet: **121**

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