

FORM PTO-1595 (Modified)
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To the Honorable Commissioner of Patents

102126132

Attached original documents or copy thereof.

1. Name of conveying party(ies):
RAYMOND J. HANNEMAN, JR.

6-5-02



2. Name and address of receiving party(ies):

Name: **Polyoptic Technologies, Inc.**

Internal Address: _____

Street Address: **7161 N. Port Washington Road**

City: **Milwaukee** State: **WI** ZIP: **53217**

Additional names(s) of conveying party(ies) Yes No

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

- Assignment Merger
- Security Agreement Change of Name
- Other _____

Execution Date: **6 May 2002**

4. Application number(s) or patent numbers(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)

10/099,531

Filed 15 Mar 2002

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **Laura A. Dable**

Internal Address: **Ryan Kromholz & Manion, S.C.**

Street Address: **P.O. Box 26618**

City: **Milwaukee** State: **WI** ZIP: **53226**

6. Total number of applications and patents involved: **1**

7. Total fee (37 CFR 3.41):.....\$ **40.00**

- Enclosed - Any excess or insufficiency should be credited or debited to deposit account
- Authorized to be charged to deposit account

8. Deposit account number:

06-2360

(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 information is true and correct and any attached copy is a true copy of the original document.

Laura A. Dable

23 May 2002

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and document: **1**

