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|                                                                                                                                                                                                                                                                                                             |                     |                  |                  | J.S. Department of Commerce Patent and Trademark Office PATENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| TO: The Commissioner of Patents a                                                                                                                                                                                                                                                                           | 1022220             | 011              | led original d   | ocument(s) or copy(ies).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Submission Type                                                                                                                                                                                                                                                                                             | , 02222             | i Conveyance 1   | Гуре             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| Resubmission (Non-Recordation)                                                                                                                                                                                                                                                                              | 9-13-02             | License          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Document ID #                                                                                                                                                                                                                                                                                               | 4-12-02             | Merger           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Correction of PTO Error                                                                                                                                                                                                                                                                                     |                     | Security Ag      | reement          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| Conveying Party(ies)                                                                                                                                                                                                                                                                                        |                     | L                | - Francis        | ion Dota(-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Robert H. YOUNGREN                                                                                                                                                                                                                                                                                          |                     |                  |                  | ion Date(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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| 2. Daniel M. EISMAN                                                                                                                                                                                                                                                                                         |                     |                  | August           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 3. Daniel LOVELAND                                                                                                                                                                                                                                                                                          |                     |                  | August           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 4. Christopher AISTON                                                                                                                                                                                                                                                                                       |                     |                  | August           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 5. Jack HARKINS                                                                                                                                                                                                                                                                                             |                     |                  | August           | 7, 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Mark if Additional Names of Conveyi                                                                                                                                                                                                                                                                         | ng Parties Attache  | d                |                  | To dispersion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
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| Name Estwing Manufacturing                                                                                                                                                                                                                                                                                  | 2 Company           |                  |                  | James 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
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| Address 2647 Eighth Street                                                                                                                                                                                                                                                                                  |                     |                  |                  | - "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Address                                                                                                                                                                                                                                                                                                     |                     |                  |                  | (*)<br>   (*)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Address Rockford                                                                                                                                                                                                                                                                                            | Illinois            |                  | 61109            | ( m)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| City                                                                                                                                                                                                                                                                                                        | State/Cou           | m Aum s          |                  | _ <b>= = :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| •                                                                                                                                                                                                                                                                                                           |                     |                  | Zip Cod          | 7: 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Mark if Additional Names of Receivin                                                                                                                                                                                                                                                                        | g Parties Attached  | <br>             | 7-24-24          | <u>=_9 @</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Correspondent Name and Address                                                                                                                                                                                                                                                                              |                     |                  |                  | (2) f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
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| George M. Carrera, Jr., Reg. No. 50,317                                                                                                                                                                                                                                                                     |                     |                  | Telepho          | one: (312) 644-3000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Gardner, Carton & Douglas                                                                                                                                                                                                                                                                                   |                     |                  | Facsimi          | le: (312) 644-3381                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 321 N. Clark Street, Suite 3400                                                                                                                                                                                                                                                                             |                     |                  |                  | / Docket No. P1858USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Chicago, Illinois 60610-4795                                                                                                                                                                                                                                                                                |                     |                  | •                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Pages Enter the total number of page                                                                                                                                                                                                                                                                        | es of the attached  | convevance do    | cument includi   | ng any attachments: 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Application Number(s) or Patent Num                                                                                                                                                                                                                                                                         |                     |                  |                  | dditional numbers attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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| Patent Cooperation Treaty (PCT)                                                                                                                                                                                                                                                                             |                     |                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| ☐ Charge Deposit Account No. 07-0181                                                                                                                                                                                                                                                                        |                     |                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Authorization to Charge Additional Fees to Deposit Account No. 07-0181: X Yes No                                                                                                                                                                                                                            |                     |                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Statement and Signature                                                                                                                                                                                                                                                                                     |                     |                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ☐ Enclosed is a check in the amount of \$40.00 ☐ Charge Deposit Account No. 07-0181 Authorization to Charge Additional Fees to Deposit Account No. 07-0181: ☐ Yes ☐ No  Statement and Signature To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy |                     |                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| true copy of the original document. Charges to deposit account are authorized, as indicated herein.                                                                                                                                                                                                         |                     |                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| true copy of the original document.                                                                                                                                                                                                                                                                         | Charges to deposit  | account are auth | norized, as ind  | icated herein 🛁 📙                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
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| George M. Carrera, Jr.                                                                                                                                                                                                                                                                                      | Charges to deposit  | account are auth |                  | per 5, 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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PATENT S S S REEL: 013283 FRAME: 0587

Gardner, Carton & Douglas 321 N. Clark Street, Suite 3400 Chicago, Illinois 60601-4795

## **ASSIGNMENT**

WHEREAS, WE, Robert H. Youngren, Daniel M. Eisman, Daniel Loveland, Christopher Aiston, and Jack Harkins, of 11585 Tyson Drive, Rockford, Illinois 61114, 1507 Rural Street, Rockford, Illinois 61107, 11152 Cedarbrook Road, Roscoe, Illinois 61073, 29 Taylor Street, Nashua, New Hampshire 03060, and 6 N. Pepperell Road, Hollis, New Hampshire 03049, respectively, have invented and own a certain invention entitled:

## STRIKING TOOL WITH WEIGHT FORWARD HEAD

for which invention we have executed an application (provisional or non-provisional) for a U.S. patent, which was filed on August 7, 2002, under U.S. Application No. 10/214,237, and

WHEREAS, Estwing Manufacturing Company, of 2647 Eighth Street, Rockford, Illinois 61109 (hereinafter referred to as Assignee), is desirous of acquiring the entire domestic and foreign right, title, and interest in and under the invention described in the patent application.

Now, Therefore, for good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, we assign and transfer to the Assignee and the Assignee's legal representatives, successors and assigns the full and exclusive rights in and to the invention in the U.S. and every foreign country and the entire right, title, and interest in and to the patent application and other such applications (e.g., provisional applications, non-provisional applications, continuations, continuations-in-part, divisionals, reissues, reexaminations, National phase applications, including petty patent applications, and utility model applications) that may be filed in the United States and every foreign country on the invention, and the patents, extensions, or derivations thereof, both foreign and domestic, that may issue thereon, and we do hereby authorize and request the Commissioner of Patents to issue U.S. patents to the above-mentioned Assignee agreeably with the terms of this assignment document.

WE HEREBY AUTHORIZE the Assignee to insert in this assignment document the filing date and application number of the application if the date and number are unavailable at the time this document is executed.

UPON SAID CONSIDERATION, we convey to the Assignee the right to make application in its own behalf for protection of the invention in the U.S. and countries foreign to the U.S. and to claim under the Patent Cooperation Treaty, the International Convention and/or other international arrangement for any such application the date of the U.S. application (or any other application on the invention) to gain priority with respect to other applications.

WE DO HEREBY COVENANT and agree with the Assignee that we will not execute any writing or do any act whatsoever conflicting with the terms of this assignment document set forth herein, and that we will at any time upon request, without further or additional consideration, but at the expense of the Assignee, execute such additional assignments and other writings and do such additional acts as the Assignee may deem necessary or desirable to perfect the Assignee's enjoyment of this assignment, and render all necessary assistance in making application for and obtaining original, continuation, continuation-in-part, divisional, reissued, reexamined, and National phase patents of the U.S. or of any and all foreign countries on the

PATENT REEL: 013283 FRAME: 0588 invention, and in enforcing any rights or choses in action accruing as a result of such applications or patents, and by executing statements and other affidavits, it being understood that the foregoing covenant and agreement shall bind, and inure to the benefit of, the assigns and legal representatives of all parties hereto.

IN WITNESS WHEREOF, we have hereunder set our hands on the dates shown below.

| Date Aug. 7, 2002 Robert II. Youngren                                                                                                                                                                                                                                                                                                                                    |
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| STATE OF ) SS:                                                                                                                                                                                                                                                                                                                                                           |
| COUNTY OF )                                                                                                                                                                                                                                                                                                                                                              |
| On this 7 day of, 2002, before me, a Notary Public in and for said county, appeared Robert H. Youngren, who is personally known to me to be the same person whose name is subscribed to the foregoing assignment document, and acknowledged that he/she signed and delivered the document as his/her free and voluntary act for the uses and purposes therein set forth. |
| "OFFICIAL SEAL"  SALLY KAY SCHRADER Notary Public, State of Illinois  Notary Public  Wy Commission Expires 6/10/03  My Commission Expires: 6/10/03                                                                                                                                                                                                                       |
| Date 8-7-2002 Daniel M. Eisman                                                                                                                                                                                                                                                                                                                                           |
| STATE OF ) ) SS:                                                                                                                                                                                                                                                                                                                                                         |
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                |
| On this                                                                                                                                                                                                                                                                                                                                                                  |
| Sorly day Schender                                                                                                                                                                                                                                                                                                                                                       |
| Notary Public  Notary Public  My Commission Expires: 6 10 0 3  Notary Public, State of Illinois  My Commission Expires 6/10/03                                                                                                                                                                                                                                           |

| Date 8/7/2002                                                                                               | Daniel Loveland                                                                                                                                                                                       |
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| STATE OF                                                                                                    | )<br>) SS:                                                                                                                                                                                            |
| COUNTY OF                                                                                                   | )<br>)                                                                                                                                                                                                |
| the same person whose name is su                                                                            | , 2002, before me, a Notary d Daniel Loveland, who is personally known to me to be abscribed to the foregoing assignment document, and delivered the document as his/her free and voluntary acrorth.  |
| "OFFICIAL SEAL"  SALLY KAY SCHRADER  Notary Public, State of Illinois  (SEAL) My Commission Expires 6/10/03 | Notary Public  My Commission Expires: 6/10/0_3                                                                                                                                                        |
| Date                                                                                                        | Christopher Aiston                                                                                                                                                                                    |
| STATE OF                                                                                                    | )                                                                                                                                                                                                     |
| COUNTY OF                                                                                                   | 9 SS:                                                                                                                                                                                                 |
| be the same person whose name is s                                                                          | , 2002, before me, a Notary d Christopher Aiston, who is personally known to me to subscribed to the foregoing assignment document, and delivered the document as his/her free and voluntary act rth. |
|                                                                                                             | Notary Public                                                                                                                                                                                         |
| {SEAL}                                                                                                      | My Commission Expires:                                                                                                                                                                                |

| Date                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                  | Daniel Loveland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| COUNTY OF )                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| the same person whose name is su                                                                 | , 2002, before me, a Notary Daniel Loveland, who is personally known to me to be bscribed to the foregoing assignment document, and delivered the document as his/her free and voluntary act of the contract o |
| {SEAL}                                                                                           | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                  | My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date August 7, 2002  STATE OF Hew Hoop line  COUNTY OF Hill bow                                  | Christopher Aiston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| On this day of day of Dublic in and for said county, appeared be the same person whose name is s | , 2002, before me, a Notary d Christopher Aiston, who is personally known to me to subscribed to the foregoing assignment document, and delivered the document as his/her free and voluntary act of the contract of the contra |
| {SEAL}                                                                                           | My Commission Expires:  DONALD M. BAYKO, Notary Public  My Commission Expires September 20, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| Date 4445 7, 2002                                                                                                                                                                                                                                       | Enlin-                                                                                |
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| STATE OF ) SS:                                                                                                                                                                                                                                          |                                                                                       |
| COUNTY OF )                                                                                                                                                                                                                                             |                                                                                       |
| On this day of Quality Debt of Public in and for said county, appeared lack Harkins, who is same person whose name is subscribed to the foregon acknowledged that he/she signed and delivered the document for the uses and purposes therein set forth. | oing assignment document, and                                                         |
| SEAL}  Notary Public  My Commission                                                                                                                                                                                                                     | n Expires:                                                                            |
|                                                                                                                                                                                                                                                         |                                                                                       |
| СН02/22200933.1                                                                                                                                                                                                                                         | DIANNE E. WEST  ★ NOTARY PUBLIC - NEW HAMPSHIRE ★ My Commission Expires July 15, 2003 |

In re Appln. of: Youngren et al. Attorney Docket No. P1858 USA

> PATENT REEL: 013283 FRAME: 0592

**RECORDED: 09/13/2002**