

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

U.S. Department of Commerce
Patent and Trademark Office
PATENT

RECORDATION FORM COVER SHEET PATENTS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type		Conveyance Type	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID# <input type="text"/>	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> Security Agreement
<input type="checkbox"/> Correction of PTO Error Reel # <input type="text"/> Frame # <input type="text"/>	<input type="checkbox"/> Corrective Document Reel # <input type="text"/> Frame # <input type="text"/>	<input type="checkbox"/> License	<input type="checkbox"/> Change of Name
		<input type="checkbox"/> Merger	<input type="checkbox"/> Other <input type="text"/>
		U.S. Government (For Use ONLY by U.S. Government Agencies)	
		<input type="checkbox"/> Departmental File	<input type="checkbox"/> Secret File

Conveying Party(ies) Mark if additional names of conveying parties attached

Name (line 1)	<input type="text" value="WATSON, Jeff"/>	Execution Date Month Day Year	<input type="text" value="02-24-2003"/>
Name (line 2)	<input type="text"/>		
Second Party		Execution Date Month Day Year	<input type="text" value="02-24-2003"/>
Name (line 1)	<input type="text" value="AGGARWAL, Ramesh"/>		
Name (line 2)	<input type="text"/>		

Receiving Party Mark if additional names of receiving parties attached

Name (line 1)	<input type="text" value="POLYPHASE ENGINEERED CONTROLS"/>		<input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)
Name (line 2)	<input type="text"/>		
Address (line 1)	<input type="text" value="c/o 3553 - 95 Street"/>		
Address (line 2)	<input type="text"/>		
Address (line 3)	<input type="text" value="Edmonton"/>	<input type="text" value="Alberta/Canada"/>	<input type="text" value="T6E 6N6"/>
	<small>City</small>	<small>State/Country</small>	<small>Zip Code</small>

Domestic Representative Name and Address Enter for the first Receiving Party only.

Name	<input type="text"/>
Address (line 1)	<input type="text"/>
Address (line 2)	<input type="text"/>
Address (line 3)	<input type="text"/>
Address (line 4)	<input type="text"/>

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0851-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mall documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20531 **PATENT**

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

U.S. Department of Commerce
Patent and Trademark Office
PATENT

Correspondent Name and Address Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Application Number(s) or Patent Number(s) Mark if additional numbers attached
Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<input type="text" value="10/286,180"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

Patent Cooperation Treaty (PCT)
Enter PCT application number only if a U.S. Application Number has not been assigned.
PCT PCT PCT
PCT PCT PCT

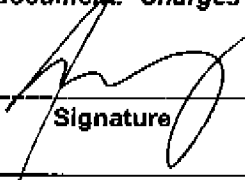
Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

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

Authorization to charge additional fees: Yes No

Statement and Signature
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.
EDWARD YOO 
Name of Person Signing Signature Date

FORM PTO-1619C
Expires 06/30/89
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RECORDATION FORM COVER SHEET CONTINUATION PATENTS ONLY

U.S. Department of Commerce
Patent and Trademark Office
PATENT

Conveying Party(ies)

Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Name (line 1)

Name (line 2)

Name (line 1)

Name (line 2)

Name (line 1)

Name (line 2)

Execution Date
Month Day Year

Execution Date
Month Day Year

Execution Date
Month Day Year

Receiving Party(ies)

Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3) City State/Country Zip Code

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3) City State/Country Zip Code

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Patent Application Number(s)

Patent Number(s)

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ASSIGNMENT OF INVENTION

We, the undersigned:

WATSON, Jeff
c/o 3553 – 95 Street
Edmonton, Alberta T6E 6N6 CANADA

AGGARWAL, Ramesh
c/o 3553 – 95 Street
Edmonton, Alberta T6E 6N6 CANADA

UPADHYAY, Hari
c/o 3553 – 95 Street
Edmonton, Alberta T6E 6N6 CANADA

(hereinafter referred to as the "Inventors") have made an invention (the "Invention") entitled

RECIPROCATING PUMP CONTROL SYSTEM

as set forth and described in:

1. an application for a patent application in the United States of American having the serial number 10/286,180 and filing date of November 1, 2002; and
2. an application for a patent application in Canada having the serial number 2,414,646 and filing date of December 17, 2002;

(the "Patent Applications").

In consideration of the sum of ONE (\$1.00) DOLLAR and other good and valuable consideration, the receipt of which is hereby acknowledged, we hereby irrevocably

assign, grant, sell, convey, transfer and make over unto:

POLYPHASE ENGINEERED CONTROLS

c/o 3553 – 95 Street
Edmonton, Alberta T6E 6N6 CANADA

our entire right, title and interest in and to the Invention, the Patent Applications and any and all patents for the Invention which may be granted in Canada, the United States or elsewhere. We hereby authorize the issuance of any such patents to said assignee.

This Assignment shall enure to the benefit of and be binding upon the Inventors and **POLYPHASE ENGINEERED CONTROLS** and their respective heirs, executors, administrators, successors and assigns.

IN WITNESS WHEREOF the Inventors have caused this Assignment to be executed this 24th day of February, 2003.

Signed, Sealed and Delivered
in the presence of:



Witness

Peter Rothwell

Name

10719-123 Street, Edm, AB

Address

T5M 0C5



JEFF WATSON

3

Signed, Sealed and Delivered
in the presence of:

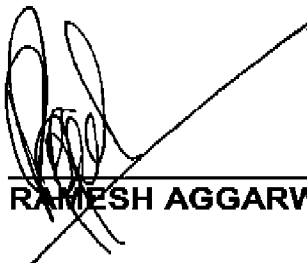


Witness

Peter Rothwell

Name

10719-123 Street, Edm., AB T5M 0C5
Address



RAMESH AGGARWAL

Signed, Sealed and Delivered
in the presence of:



Witness

Peter Rothwell

Name

10719-123 St., Edm., AB T5M 0C5
Address


HARI UPADHYAY