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

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Name: **ALFA LAVAL LKM A/S**

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Country: **Denmark** ZIP: **DK-6000**

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Patent Application No.	Filing date	B. Patent No.(s)
10/019,420	12/21/2001	

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

Name: **MICHAEL J. STRIKER**

Registration No. **27233**

Address: **103 EAST NECK ROAD**

City: **HUNTINGTON** State/Prov.: **NY**

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

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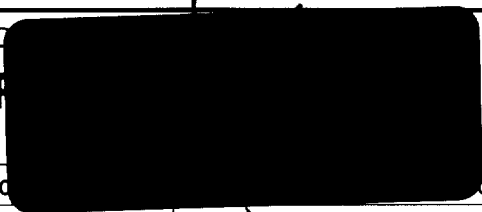
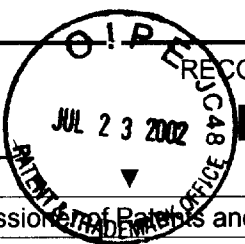
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PATENT

FORM PTO-1505 (Modified)
(Rev. 6-93)
OMB No. 0651-0011 exp. 4/94
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- Assignment Merger
- Security Agreement Change of Name
- Other

City: Kolding State/Prov.: _____
Country: Denmark ZIP: DK-6000

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In consideration of value received, I, having a residence and post office address as stated below next to my name, the sole inventor (if only one name is listed below), or a joint inventor (if plural inventors are listed below), of an invention described in an application for a United States Patent entitled:

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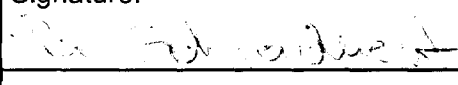
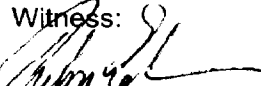
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having business at **Kolding, Denmark**

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Signature: 	Date: 7/12-01	Residence and Full Postal Address: Markledet 20 DK-5220 Odense S.O. Denmark
Full Name of First or Sole Inventor: Karl-Age LINDHOLM JENSEN	Witness: 	x
Signature: 	Date: 7/12-01	Residence and Full Postal Address: Flojbjergvej 51 DK-6580 Vamrup Denmark
Full Name of Second Inventor: Per SCHNEIDERREIT	Witness: 	
Signature:	Date:	Residence and Full Postal Address:
Full Name of Third Inventor:	Witness:	