

03-26-2003

OMB No. 0651-0027 (exp. 6/30/2005)



Tab settings ⇌ ⇌ ⇌ ▼ ▼ ▼

To the Honorable Commissioner of Patents and Trademarks

102400853

...ments or copy thereof.

1. Name of conveying party(ies):

CATHERINE CSENDES SURVIVING SPOUSE
OF ERNEST CSENDES (DECEASED)

3-17-03

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☒ Other SPOUSAL PROPERTY ORDER

Execution Date: JULY 5, 2002

2. Name and address of receiving party(ies)

Name: CATHERINE CSENDES

Internal Address: _____

Street Address: 514 N. MARQUETTE ST.PACIFIC
City: PALISADES State: CA Zip: 90272Additional name(s) & address(es) attached? ☐ Yes ☒ No

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

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

09/921,40810/270,384B. Patent No.(s) 5,695,130-5,826,8075,850,977-5,913,2876,044,977-6,135,371Additional numbers attached? ☐ Yes ☒ No 6,179,231

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

Name: EDWARD A. SOKOLSKI

Internal Address: _____

Street Address: 3868 CARSON ST., #105City: TORRANCE State: CA Zip: 905036. Total number of applications and patents involved: 97. Total fee (37 CFR 3.41).....\$ 360.00☒ ~~Enclosed~~ PREVIOUSLY PAID☐ Authorized to be charged to deposit account

8. Deposit account number:

19-3129

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

EDWARD A. SOKOLSKI

Name of Person Signing

Signature

3/17/03
DateTotal number of pages including cover sheet, attachments, and documents: 11

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

PATENT

REEL: 013868 FRAME: 0478

Form PTO-1595

(Rev. 10/02)

OMB No. 0651-0027 (exp. 6/30/2005)

Tab settings

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

ERNEST CSENDES (DECEASED)

11.502

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☐ Assignment☐ Merger☐ Security Agreement☐ Change of Name☒ Other SPOUSAL PROPERTY ORDERExecution Date: JULY 5, 2002

2. Name and address of receiving party(ies)

Name: CATHARINE V. CSENDES

Internal Address: _____

Street Address: 514 N. MARQUETTE ST.PACIFIC
City: PALISADES State: CA Zip: 90272Additional name(s) & address(es) attached? ☐ Yes ☒ No

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

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

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Street Address: 3868 CARSON ST., 105City: TORRANCE State: CA Zip: 905036. Total number of applications and patents involved: 97. Total fee (37 CFR 3.41).....\$ 360.00☒ Enclosed☐ Authorized to be charged to deposit account

8. Deposit account number:

19-3129 (CREDIT ANY OVERPAYMENTS
OR DEFICIENCIES)

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

EDWARD A. SOKOLSKI

Name of Person Signing

Signature

Date

12/31/02

11/07/2002 DRYNE 00000158 09921408 Total number of pages including cover sheet, attachments, and documents: 7

01 FC:8021

360.00 UP

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231PATENT
REEL: 013868 FRAME: 0479

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): ANDREW G. POTTER, ESQ. #82684 6 Venture, Suite 280 Irvine, CA 92618		TELEPHONE AND FAX NOS.: 949-753-1033 fax 949-753-0453	FOR COURT USE ONLY <div style="text-align: center; font-size: 2em; font-weight: bold;">FILED</div> LOS ANGELES SUPERIOR COURT <div style="text-align: center; font-size: 1.5em;">JUL 05 2002</div> BY <u>JOHN A. CLARKE</u> CLERK <u>[Signature]</u> DEPUTY
ATTORNEY FOR (Name): CATHARINE V. CSENDES, Petitioner SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME:			
ESTATE OF (Name): ERNEST CSENDES <div style="text-align: right;">DECEDENT</div>			
SPOUSAL PROPERTY ORDER 06/25/02; 9:15 am; Dept 5		CASE NUMBER: BP 073573	

1. Date of hearing: June 25, 2002 Time: 9:15 a.m. Dept.: 5 Room:
JUDGE: H. RONALD HAUPTMAN, PRO TEM

THE COURT FINDS

2. All notices required by law have been given.

3. Decedent died on (date): December 9, 2001

- a. ☒ a resident of the California county named above.
 b. ☐ a nonresident of California and left an estate in the county named above.
 c. ☐ intestate ☒ testate

4. Decedent's surviving spouse is (name): **CATHARINE V. CSENDES**

THE COURT FURTHER FINDS AND ORDERS

5. a. ☒ The property described in Attachment 5a is property passing to the surviving spouse, and no administration of it is necessary.
 b. ☐ See Attachment 5b for further order respecting transfer of the property to the surviving spouse.

6. ☐ To protect the interests of the creditors of (business name):

an unincorporated trade or business, a list of all its known creditors and the amount owed each is on file.

- a. ☐ Within (specify): _____ days from this date, the surviving spouse shall file an undertaking in the amount of \$ _____, upon condition that the surviving spouse pay the known creditors of the business.
 b. ☐ See Attachment 6b for further order protecting the interests of creditors of the business.

7. a. ☒ The property described in Attachment 7a is property that belonged to the surviving spouse under Probate Code sections 100 and 101, and the surviving spouse's ownership upon decedent's death is confirmed.

b. ☐ See Attachment 7b for further order respecting transfer of the property to the surviving spouse.

8. ☐ All property described in the *Spousal Property Petition* that is not determined to be property passing to the surviving spouse under Probate Code section 13500, or confirmed as belonging to the surviving spouse under Probate Code sections 100 and 101, shall be subject to administration in the estate ☐ described in Attachment 8.

9. ☐ Other (specify): _____

Date: _____

JUDGE OF THE SUPERIOR COURT

10. Number of pages attached: three (3)

☒ SIGNATURE FOLLOWS LAST ATTACHMENT

Attachment 5a

Decedent's undivided one-half (½) community property interest in the following:

1. General Grinding Corporation, a California corporation; 1,096,875 shares
2. Non-Negotiable Promissory Note, dated April 6, 1992, with General Grinding Corporation as payee; \$500,000.00 face amount
3. Promissory Note, dated October 14, 1998, with General Grinding Corporation as payee; \$500,000.00 face amount
4. Consulting Agreement, dated April 6, 1992, with General Grinding Corporation as employer
5. Miscellaneous unreimbursed expenses owed by General Grinding Corporation
6. U.S. Patent No. 5,695,130 - Method and Apparatus for the Dry Grinding of Solids (12/09/97)
7. U.S. Patent No. 5,826,807 - Method and Apparatus for Cumminuting Solid Particles (10/27/98)
8. U.S. Patent No. 5,850,977 - Method and Apparatus for Cumminuting Solid Particles (12/22/98)
9. U.S. Patent No. 5,913,287 - Method and Apparatus for Enhancing the Fluidization of Fuel Particles in Coal Burning Boilers and Fluidized Bed Combustion (06/22/99)
10. U.S. Patent No. 6,044,977 - Method and Apparatus for Removing Microparticulates from a Gas (04/04/00)
11. U.S. Patent No. 6,135,371 - Method and Apparatus for Reducing Acid and Air Toxic Emissions in the Combustion of Comminuted Solid Particles (10/24/00)
12. U.S. Patent No. 6,179,231 - Method and Apparatus for Communiting Solid Particles (01/30/01)
13. Pending U.S. Patent Application No. 09/921,408 - Method and Apparatus for Separating Impurities from a Liquid (08/30/01)
14. Pending U.S. Patent Application No. 09/686,666 - Method and Apparatus for Cleaning Water Using Micronized Particles (10/11/01)

15. Miscellaneous unpublished research papers and notes
16. Miscellaneous unpublished journals and diaries
17. Bank of America checking account no. 09384-02933
18. Bank of America checking account no. 06983-30989
19. Miscellaneous household fixtures and furniture
20. Miscellaneous clothing and jewelry
21. Miscellaneous books and publications

Attachment 7a

Petitioner's, as surviving spouse's, undivided one-half (½) community property interest in the following:

1. General Grinding Corporation, a California corporation; 1,096,875 shares
2. Non-Negotiable Promissory Note, dated April 6, 1992, with General Grinding Corporation as payee; \$500,000.00 face amount
3. Promissory Note, dated October 14, 1998, with General Grinding Corporation as payee; \$500,000.00 face amount
4. Consulting Agreement, dated April 6, 1992, with General Grinding Corporation as employer
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6. U.S. Patent No. 5,695,130 - Method and Apparatus for the Dry Grinding of Solids (12/09/97)
7. U.S. Patent No. 5,826,807 - Method and Apparatus for Cumminuting Solid Particles (10/27/98)
8. U.S. Patent No. 5,850,977 - Method and Apparatus for Cumminuting Solid Particles (12/22/98)
9. U.S. Patent No. 5,913,287 - Method and Apparatus for Enhancing the Fluidization of Fuel Particles in Coal Burning Boilers and Fluidized Bed Combustion (06/22/99)

10. U.S. Patent No. 6,044,977 - Method and Apparatus for Removing Microparticulates from a Gas (04/04/00)
11. U.S. Patent No. 6,135,371 - Method and Apparatus for Reducing Acid and Air Toxic Emissions in the Combustion of Comminuted Solid Particles (10/24/00)
12. U.S. Patent No. 6,179,231 - Method and Apparatus for Communiting Solid Particles (01/30/01)
13. Pending U.S. Patent Application No. 09/921,408 - Method and Apparatus for Separating Impurities from a Liquid (08/30/01)
14. Pending U.S. Patent Application No. 09/686,666 - Method and Apparatus for Cleaning Water Using Micronized Particles (10/11/01)
15. Miscellaneous unpublished research papers and notes
16. Miscellaneous unpublished journals and diaries
17. Bank of America checking account no. 09384-02933
18. Bank of America checking account no. 06983-30989
19. Miscellaneous household fixtures and furniture
20. Miscellaneous clothing and jewelry
21. Miscellaneous books and publications

Date: JUL 05 2002

46 H. RONALD HAUPTMAN,
JUDGE PRO TEM
H. Ronald Hauptman,
Judge Pro Tem

THE DOCUMENT TO WHICH THIS CERTIFICATE IS
ATTACHED IS A FULL, TRUE AND CORRECT COPY
OF THE ORIGINAL ON FILE AND OF RECORD IN
MY OFFICE.

JUL 10 2002

ATTEST

JOHN A. CLARKE

Executive Officer/Clerk of the Superior
Court of California, County of Los Angeles.

By M. Denton, Deputy



M. DENTON

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Ernest		2. MIDDLE -		3. LAST (FAMILY) Csendes	
4. DATE OF BIRTH M/M/D/CCYY 03/02/1926		5. AGE YRS. 75		6. SEX Male	
7. DATE OF DEATH M/M/D/CCYY 12/09/2001		8. HOUR 1405			
9. STATE OF BIRTH Romania		10. SOCIAL SECURITY NO. 438-84-1055		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 20		14. RACE White	
15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed		17. OCCUPATION Scientist	
18. KIND OF BUSINESS Energy Technology		19. YEARS IN OCCUPATION 10		20. RESIDENCE—STREET AND NUMBER OR LOCATION: 514 Marquette St.	
21. CITY Pacific Palisades		22. COUNTY Los Angeles		23. ZIP CODE 90272	
24. YRS IN COUNTY 30		25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Catharine Csendes, Wife	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 514 Marquette St., Pacific Palisades, CA 90272		28. NAME OF SURVIVING SPOUSE—FIRST Catharine		29. MIDDLE -	
30. LAST (MAIDEN NAME) Tolnai		31. NAME OF FATHER—FIRST Edward		32. MIDDLE -	
33. LAST Csends		34. BIRTH STATE Romania		35. NAME OF MOTHER—FIRST Sidonia	
36. MIDDLE -		37. LAST (MAIDEN) Littman		38. BIRTH STATE Romania	
39. DATE M/M/D/CCYY 12/18/2001		40. PLACE OF FINAL DISPOSITION Beth Israel Cemetery, Hazelton, PA			
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER <i>Germundley</i>		43. LICENSE NO. 7549	
44. NAME OF FUNERAL DIRECTOR Gardenside Funeral Service		45. LICENSE NO. FD-1557		46. SIGNATURE OF LOCAL REGISTRAR <i>Freel Leaf</i>	
47. DATE M/M/D/CCYY 12/18/2001		48. SIGNATURE OF LOCAL REGISTRAR <i>Freel Leaf</i>			
101. PLACE OF DEATH ST. JOHN'S MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY LOS ANGELES		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 1326 22ND ST.		106. CITY SANTA MONICA	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) DEFERRED		108. DEATH REPORTED TO CORNER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2001-08958		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/D/CCYY DECEDENT LAST SEEN ALIVE M/M/D/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Freel Leaf</i>		116. LICENSE NO.	
117. DATE M/M/D/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Mary T. Macias</i>		127. DATE M/M/D/CCYY 12/18/2001		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER MARY T. MACIAS DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. # 061-7209		CENSUS TRAC	

090506045

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Freel Leaf

120 DATE FEB 19 2002

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

PATENT

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILE 34862 NAME 3484

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

STATE FILE NUMBER		USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
STATE/LOCAL REGISTRAR USE ONLY	1	2	3		
TYPE OR PRINT IN BLACK INK ONLY					
PART I INFORMATION TO LOCATE RECORD	1. NAME—FIRST (GIVEN) ERNEST		2. MIDDLE -	3. LAST (FAMILY) CSENDES	4. SEX MALE
	5. DATE OF EVENT—MM/DD/CCYY 12/09/2001		6. CITY OF OCCURRENCE SANTA MONICA		7. COUNTY OF OCCURRENCE LOS ANGELES
PART II INFORMATION AS IT APPEARS ON RECORD	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2001-08958
	IMMEDIATE CAUSE (A) DEFERRED				109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO
	(B)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(C)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (D)				
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107				
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE.				
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				
	120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO				
	121. INJURY DATE—MM/DD/CCYY				
122. HOUR					
123. PLACE OF INJURY					
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
PART III INFORMATION AS IT SHOULD APPEAR	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2001-08958
	IMMEDIATE CAUSE (A) IMIPRAMINE INTOXICATION			UNK.	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(B)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(C)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (D)				
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE				
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO				
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				
	120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	121. INJURY DATE—MM/DD/CCYY UNKNOWN				
122. HOUR UNK.					
123. PLACE OF INJURY UNKNOWN					
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) INGESTION					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) UNKNOWN					
I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>Armon P. Riley, Jr.</i>		9. DATE SIGNED—MM/DD/CCYY 02/07/2002		10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER SOLOMON L. RILEY, JR., M.D. DME
	11. ADDRESS—STREET AND NUMBER 1104 NORTH MISSION ROAD		12. CITY LOS ANGELES		13. STATE CA
STATE/LOCAL REGISTRAR USE ONLY	15. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR <i>Fred Leaf</i>		16. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 02/19/2002		14. ZIP CODE 90033

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS-24 B (1-01)

090506031

This is a true certified copy of the record filed in the County of Los Angeles
Department of Health Services if it bears the Registrar's signature in purple ink.

Fred Leaf
Director of Health Services and Registrar

120 DATE FILED FEB 19 2002

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PATENT

RECORDED: 11/05/2002

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AGE 370882 NAME B885