

Form PTO-1595
(Rev. 10/02)

RECORDATION FORM COVER SHEET
PATENTS ONLY

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

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

Tab settings ⇌ ⇌ ⇌

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

1. Name of conveying party(ies):

Hyde Opco, S.E.N.C.

2. Name and address of receiving party(ies)

Name: A. Richard, S.E.N.C.

Internal Address:

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

3. Nature of conveyance:

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

Street Address: 1250 Rene-Levesque Blvd. W.,
Suite 2500

City: Montreal State: QU Zip: H3B 4X1
CANADA

Execution Date: 10/20/2003

Additional 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) _____
Please see Attachment

B. Patent No.(s) _____
Please see Attachment

Additional numbers attached? Yes No

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

Name: Francis A. (Sandy) Sirr
Internal Address: Holland & Hart LLP

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 440.00

- Enclosed
- Authorized to be charged to deposit account

Street Address: P.O. Box 8749

8. Deposit account number:

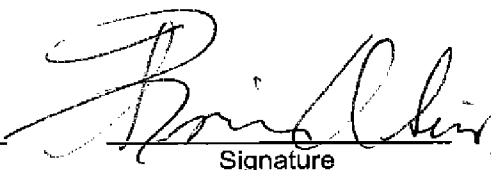
08-2623

City: Denver State: CO Zip: 80201

DO NOT USE THIS SPACE

9. Signature.

Francis A. (Sandy) Sirr, Esq.
Name of Person Signing



1/2/04
Date

Total number of pages including cover sheet, attachments, and documents: 5

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

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

ATTACHMENT FOR CHANGE OF NAME INFORMATION

U.S. Patent Application Nos.	U.S. Patent Nos.
29/034,950	D 414,395 ✓
09/518,629	D 431,993
09/776,729	D 435,408
10/057,684	D 463,639
10/286,166	D 474,389
	6,629,331 B2

L'inspecteur général
 des Institutions financières

AMENDING DECLARATION

**General Partnership
 Limited Partnership
 Undeclared Partnership
 Extra-Provincial Partnership**

Please enter information
 on your partnership in
 the corresponding areas.



NAME OF PARTNERSHIP BEFORE CHANGE

.....

ENTER REGISTRATION NO.

3 3

1A NAME AND DOMICILE OF PARTNERSHIP	
Addition	Removal
Name A. RICHARD, G.P. A. RICHARD, S.E.N.C.	Name HYDE OPCO, G.P. HYDE OPCO, S.E.N.C.
No. Street 120 JACQUES-CARTIER	No. Street 1250 RENÉ-LÉVESQUE BLVD. #2500
Municipality BERTHIERVILLE	Municipality MONTREAL
Province/State QUE.	Province/State QUE.
Postal code J0K 1A0	Postal code H3B 4Y1
Country CANADA	Country CANADA

1B MAILING ADDRESS (if not domicile)	
Addition	Removal
Name A. RICHARD, G.P.	Name
No. Street 1250 RENÉ-LÉVESQUE BLVD. #2500	No. Street
Municipality MONTREAL	Municipality
Province/State QUE.	Province/State
Postal code H3B 4Y1	Postal code
Country CANADA	Country

2. JURIDICAL FORM OF PARTNERSHIP

Juridical Forms Code: SNC General Partnership SEC Limited Partnership SEP Undeclared Partnership SOC Extra-Provincial Partnership

Addition	Removal
Code Incorporating Act (for extra-provincial partnerships)	Code Incorporating Act (for extra-provincial partnerships)

3. OBJECT OF PARTNERSHIP

Addition	Removal
Briefly describe object pursued by partnership	Briefly describe object pursued by partnership

4. GENERAL

(A) Nature of activities (indicate partnership's two main activities)

Addition	Removal
1st activity	1st activity
2nd activity (where applicable)	2nd activity (where applicable)

(B) Number of Employees in Québec

Addition	Removal	Codes
		A 1-5 C 11-25 E 50-99 G 250-499 I 750-999 K 2 500-4 999 O Nil
		B 6-10 D 26-49 F 100-249 H 500-749 J 1 000-2 499 L 5 000 and more

(C) Period of Existence

Addition	Removal
Year Month Day	Year Month Day

(D) Other Names used in Québec by Partnership in Carrying On its Activity

If space is insufficient, complete and attach an appendix in duplicate, indicating your registration number, the corresponding area and the changes as additions or removals.

Addition	Removal
Name A. RICHARD, GENERAL PARTNERSHIP	Name
Name A. RICHARD, SOCIÉTÉ EN NOM COLLECTIF	Name

AMENDING DECLARATION

Registration No.	3 3
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4- GENERAL (continued)			
(E) Identification of Principal Establishment in Québec			
Addition		Removal	
Name		Name	
No. Street		No. Street	
Municipality		Municipality	
Province	Postal code	Province	Postal code
Main Activities of Principal Establishment			
1st activity		1st activity	
2nd activity (where applicable)		2nd activity (where applicable)	
Identification of Other Establishments in Québec. If space is insufficient, complete and attach an appendix in duplicate, indicating your registration number, the corresponding area and the changes as additions or removals.			
Name		Name	
No. Street		No. Street	
Municipality		Municipality	
Province	Postal code	Province	Postal code
Main Activities of Establishment		Main Activities of Establishment	
1st activity		1st activity	
2nd activity (where applicable)		2nd activity (where applicable)	
Name		Name	
No. Street		No. Street	
Municipality		Municipality	
Province	Postal code	Province	Postal code
Main Activities of Establishment		Main Activities of Establishment	
1st activity		1st activity	
2nd activity (where applicable)		2nd activity (where applicable)	

5- IDENTIFICATION OF PARTNERS			
Enter changes made to partners as additions or removals. If space is insufficient, complete and annex an appendix in duplicate, indicating your registration number, the corresponding area and the changes as additions or removals.			
Partners Code: AS Partner CA Special Partner PC Main Special Partner CE General Partner AD Manager			
Addition		Removal	
Code		Code	
Name		Name	
No. Street		No. Street	
Municipality Province/State		Municipality Province/State	
Postal code	Country	Postal code	Country
Code		Code	
Name		Name	
No. Street		No. Street	
Municipality Province/State		Municipality Province/State	
Postal code	Country	Postal code	Country

AMENDING DECLARATION

Registration No. **3.3**

5 IDENTIFICATION OF PARTNERS (continued)																																									
Addition	Removal																																								
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Postal code	Country																																								

6 EXTRA-PROVINCIAL PARTNERSHIP	
A- Is the liability of some or all of the partners limited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B- If partnership is not domiciled or does not have an establishment in Québec, indicate name and address of an attorney residing in Québec.	
Addition	Removal
Name	Name
No. Street	No. Street
Municipality	Municipality
Province	Province
Postal code	Postal code

7 ADMINISTRATOR OF THE PROPERTY OF OTHERS	
If partnership is represented by a person entrusted with the administration of the whole of its property, indicate that person's name, address and capacity.	
Administrator Code: CU Curator TU Tutor SY Syndic LS Liquidator of Succession SQ Sequestrator FI Trustee LI Liquidator AU Other (specify)	
Addition	Removal
Code	Code
If other, specify	If other, specify
Name	Name
No. Street	No. Street
Municipality	Municipality
Province/State	Province/State
Postal code	Postal code
Country	Country

CERTIFICATION	
Name of authorized person (in block letters)	
I, RONALD P. CARLSON	
domiciled at 54 EASTFORD ROAD, SOUTHBRIDGE, MASSACHUSETTS, U.S.A., 01550	
attest that I am the person authorized by the partnership to sign this declaration, that I have read this information and that the information declared herein is true.	
Signature	Date (year, month, day)
	2003-10-20