

Form PTO-1595 (Rev. 10/02)		RECORDATION FORM COVER SHEET		U.S. DEPARTMENT OF COMMERCE	
OMB No. 0651-0027 (exp. 6/30/2005)		PATENTS ONLY		U.S. Patent and Trademark Office	
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): THOMAS E. SCHMOYER 2458 THISTLE POINTE RD. BLOOMFIELD HILLS, MI 48304			2. Name and address of receiving party(ies) Name: SO3 PLUS, LLC. Internal Address: _____		
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Street Address: 2458 THISTLE POINTE		
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____			City: BLOOMFIELD HILLS State: MI Zip: 48304		
Execution Date: 03/30/2004			Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) 10/608,431 B. Patent No.(s) _____					
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: THOMAS E. SCHMOYER Internal Address: _____ Street Address: P.O. Box 1325 City: BIRMINGHAM State: MI Zip: 48012			6. Total number of applications and patents involved: 1		
			7. Total fee (37 CFR 3.41).....\$ 40.00 <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account		
			8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account)		
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i> THOMAS E. SCHMOYER Thomas E. Schmoeyer 03/30/2004 Name of Person Signing Signature Date					
Total number of pages including cover sheet, attachments, and documents: 3					

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

OP \$40.00 10008431

Sample Form (former PTO/SB/15) (08-03)

ASSIGNMENT OF APPLICATION

Docket Number (Optional)

Whereas, I/We, THOMAS E. SCHMOYER of BLOOMFIELD HILLS, MI., hereafter referred to as applicant, have invented certain new and useful improvements in APPARATUS AND METHOD FOR SULFONATING AN ARTICLE AND ARTICLES

☒ for which an application for a United States Patent was filed on NOVEMBER 13, 2001
Application Number 10/008,431

☐ for which an application for a United States Patent was executed on _____, and
Whereas, SO3 Plus, LLC. of 2458 THISTLE PTE, BLOOMFIELD HILLS, MI here referred to "assignee" whose mailing address is P.O. Box 1325, BIRMINGHAM, MI. 48012 is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of ONE dollars (\$ 1.00), the receipt whereof is acknowledge, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire rights, title and interest in and to any and all Patents which may be granted therefore in the United States. I/We hereby authorize and request the Director of the U.S. Patent and Trademark Office to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 30 day of MARCH, 20 04
at 2458 THISTLE POINTE, BLOOMFIELD HILLS, MI. 48304

Thomas E. Schmoyer
Signature

State of Michigan
County of Oakland SS:

THOMAS E. SCHMOYER
Printed Name/Registration No., if applicable

Before me personally appeared said Thomas E. Schmoyer
and acknowledged the foregoing instrument to be his free act and deed this 30th
day of March, 20 04

Seal Mark Smith
Notary Public, Oakland County, Michigan
My Commission Expires April 12, 2004

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted.

This form offers a sample or suggested format for an assignment document. This sample form is not an OMB officially approved form.