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1.	Name of conveying party(ies):	Name and address of receiving party:					
		Name: Photographic Sciences Corporation, a New York Corporation					
	Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No	Corporation					
3.	Nature of conveyance:	Internal Address:					
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	☐ Security Agreement ☐ Change of Name	City: State: Zip:					
	Execution Date: April 26, 1990	Street Address: 770 Basket Road					
		City: Webster State: NY Zip: 14580					
		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 appl	ication, the execution date of the application is:					
A.	Patent Application No(s).:	B. Patent No(s).: 5,210,397					
	Additional numbers atta	ached? ☐ Yes ☒ No					
5.	Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: 1					
	Name: John A. Rafter, Jr.	7. Total fee (37 CFR 3.41): \$40.00 ☐ Enclosed					
	Internal Address: STOEL RIVES LLP						
	900 S.W. Fifth Avenue, Suite 2600 Portland, OR 97204	□ Charge this Deposit Account for the above fee.					
	Foldalid, OK 97204	8. Deposit Account Number: (PSC Inc.) 13-4953					
		Please charge Stoel Rives LLP deposit Account No. 19-4455 if the above deposit Account No. 13-4953 has insufficient funds.					
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	To the best of my knowledge and belief, the foregoing informationiginal document.	on is true and correct and any attached copy is a true copy of the					
	John Rafo	IP					
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