

03-24-2004

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

1. Name of conveying party(ies):  
Jean-Pierre Lair

2. Name and address of receiving party(ies)  
Name: The NORDAM Group, Inc.

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: 510 South Lansing

City: Tulsa State: OK Zip: 74120

Execution Date: 03/15/2004

Additional name(s) & address(es) attached?  Yes  No

4. Application number(s) or patent number(s): 101802889  
If this document is being filed together with a new application, the execution date of the application is: 03/15/2004

A. Patent Application No.(s) \_\_\_\_\_

B. Patent No.(s) \_\_\_\_\_

Additional numbers attached?  Yes  No

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

Name: Francis L. Conte

Internal Address: Customer No:  
20185

Street Address: 6 Puritan Avenue

City: Swampscott State: MA Zip: 01907

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number: \_\_\_\_\_

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9. Signature.

Francis L. Conte

16 March 2004

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and documents: 2

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
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**ASSIGNMENT**

In consideration of One Dollar and/or for other good and valuable consideration of which I/we acknowledge receipt, I/we, the Assignor(s) listed hereinbelow:

hereby sell, assign, convey, and transfer to The NORDAM Group, Inc., a corporation of Delaware, located and having a place of business at 510 South Lansing, Tulsa, Oklahoma, 74120 (hereinafter referred to as "Assignee"), its successors and assigns my (our) entire respective right(s), title(s) and interest(s) in and to: (1) the invention and improvements invented and originated by me/us and described in the application for United States Patent, identified by Docket No. 23NORDAM30, and currently entitled:

**TOGGLE INTERLOCKED THRUST REVERSER**

signed as of even date,

signed as of \_\_\_\_\_, or

filed on \_\_\_\_\_ having Serial Number \_\_\_\_\_

and (2) any and all corresponding applications for patent and patents therefrom in any and all countries, including all provisionals, divisions, continuations, reexaminations and reissues thereof, and including the following U.S. provisional patent application(s):

60/456,710; filed 03/22/2003, and 60/478,163; filed 06/13/2003

and (3) all rights of priority resulting from the filing of the United States application(s);

and authorize and request any official whose duty it is to issue patents, to issue any patent on the invention and improvements resulting therefrom to the Assignee, or its successors or assigns; and agree that on request and without further consideration, but at the expense of the Assignee, I/we will communicate to the Assignee or its representatives or nominees any facts known to me/us respecting the invention and improvements and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuation, reexamination, reissue, and other applications, make all rightful oaths and generally do everything possible to aid the Assignee, its successors, assigns, and nominees to obtain and enforce proper patent protection for the invention and its improvements in all countries; and

covenant that no assignment, sale, agreement, or encumbrance has been or will be made or entered into by me/us which would conflict with this assignment, and that full right to assign the invention and improvements is possessed by me/us.

Signature: Jean-Pierre Lair  Date: 03/15/2004

Full Name of first assignor: Jean-Pierre Lair

Post Office Address: 127 Paddington Way San Antonio TX 78209

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of second assignor: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

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