

5-27-04

FORM PTO-1595

06-03-2004



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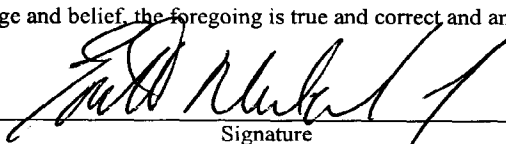
S. DEPT OF COMMERCE
PATENT & TRADEMARK OFFICE

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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Name of Conveying Party(ies):</p> <p>Thomas Roger Meinardi Joshua Robert Powell</p> | <p>2. Name and Address of Receiving Party(ies):</p> <p>Name: Maytag Corporation</p> <p>Internal Address:</p> |
| <p>3. Nature of Conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other:</p> | <p>Street Address: 403 West Fourth Street North</p> <p>City, State, Zip: Newton, Iowa 50208</p> <p><input type="checkbox"/> Additional name(s) and address(es) attached.</p> |
| <p>Execution Date: October 29, 2003</p> | |
| <p>4. (A) Patent Application Number(s):</p> <p>Serial No. <u>10/678,186</u> filed October 6, 2003</p> <p>If this document is being filed together with a new application, the execution date of the application is:</p> | <p>4. (B) Patent Number(s):</p> |
| <p>5. Name and Address of Party to Whom Correspondence Concerning this Document Should be Mailed:</p> <p>Name: Everett G. Diederiks, Jr.</p> <p>Address: DIEDERIKS & WHITELAW, PLC 12471 Dillingham Square, #301 Woodbridge, Virginia 22192</p> | <p>6. Total Number of Applications and Patents Involved: 1</p> <p>7. Total Fee: (37 C.F.R. 3.41) \$40.00</p> <p><input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to Deposit Account</p> <p>8. Deposit Account Number: 04-1075</p> |

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

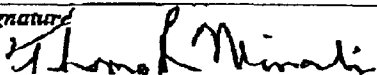
Everett G. Diederiks, Jr.  May 27, 2004


Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments and document: 3

05/28/2004 ERREGAY1 0000093 041075 10678186 40.00 0P 02 FC:8021

UTILITY -WORLD-NOTARIZATION
Atty Docket:DIX009-162

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|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <i>Assignor Name</i> Thomas Roger Meinardi | <i>Address</i> 201 Hopeland Farms Drive Aiken, SC 29803 |
| <i>Where Signed</i> WILLISTON S.C. | |
| <i>Date</i> 10/29/03 | <i>Signature</i>  |
| (Notarization preferred but not required) | |
| Before me personally appeared _____ and acknowledged this instrument to be his (her) free act and deed this _____ day of _____, 20____. | |
| _____ Notary Public | |
| My commission expires _____ | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <i>Assignor Name</i> Joshua Robert Powell | <i>Address</i> 184 Governors Lane Aiken, SC 29801 |
| <i>Where Signed</i> WILLISTON, SC | |
| <i>Date</i> 10/29/03 | <i>Signature</i>  |
| (Notarization preferred but not required) | |
| Before me personally appeared _____ and acknowledged this instrument to be his (her) free act and deed this _____ day of _____, 20____. | |
| _____ Notary Public | |
| My commission expires _____ | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <i>Assignor Name</i> | <i>Address</i> |
| <i>Where Signed</i> | |
| <i>Date</i> | <i>Signature</i> |
| (Notarization preferred but not required) | |
| Before me personally appeared _____ and acknowledged this instrument to be his (her) free act and deed this _____ day of _____, 20____. | |
| _____ Notary Public | |
| My commission expires _____ | |

See following page(s) for additional joint assigners