| Form PTO-1595 (Rev. 09/04) OMB No. 0651-0027 (exp. 6/30/2005) | U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office |
|--|---|
| RE | |
| 102936740 | |
| To the Director of the O.O. Faterit and Onice. P | rease record the attached documents of the new address(es) below. |
| 1. Name of conveying party(ies)/Execution Date(s | s): 2. Name and address of receiving party(ies) Name: MRM Acquisitions, LLC |
| Rick D. Prindle | Internal Address: |
| | internal Address. |
| Execution Date(s) September 9, 2003 | |
| Additional name(s) of conveying party(ies) attached? Yes | Street Address: 16901 N. Dallas Parkway, Suite |
| 3. Nature of conveyance: | |
| Assignment Merger | City: Dallas |
| Security Agreement Change of Name | State: Texas |
| Government Interest Assignment | |
| Executive Order 9424, Confirmatory License | Country: USA Zip: 75001 |
| Other | Additional name(s) & address(es) attached? Yes No |
| Additional numbers | s attached? Yes No |
| 5. Name and address to whom correspondence concerning document should be mailed: | 6. Total number of applications and patents involved: |
| Name: Martin Korn | 7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00 |
| Internal Address: Locke Liddell & Sapp LLp | Authorized to be charged by credit card |
| | Authorized to be charged to deposit account |
| Street Address: 2200 Ross Avenue, Suite 2200 | Enclosed |
| | None required (government interest not affecting title) |
| City: <u>Dallas</u> | |
| | 8. Payment Information |
| State: Texas` Zip: 75201 | a. Credit Card Last 4 Numbers |
| State: <u>Texas`</u> Zip: <u>75201</u> Phone Number: <u>214-740-8549</u> | a. Credit Card Last 4 Numbers Expiration Date |
| Phone Number: <u>214-740-8549</u> | a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number 12-1781 |
| Phone Number: <u>214-740-8549</u> Fax Number: <u>214-756-8549</u> | a. Credit Card Last 4 Numbers Expiration Date |
| Phone Number: 214-740-8549 Fax Number: 214-756-8549 Email Address: mkorn@lockeliddell.com | a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number 12-1781 |
| Phone Number: 214-740-8549 Fax Number: 214-756-8549 Email Address: mkorn@lockeliddell.com | a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number 12-1781 Authorized User Name |
| Phone Number: 214-740-8549 Fax Number: 214-756-8549 Email Address: mkorn@lockeliddell.com 9. Signature: | a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number 12-1781 Authorized User Name 2/8/2005 |

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:

Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

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| ASSIGNMENT OF APPLICATION | ocket Number (Optional) | |
|--|------------------------------|--|
| Whereas, IME. Rick P. Prindle of Plano, T | exas (US), hereafter | |
| referred to as applicant, have invented certain new and useful improvements in | | |
| Elastomeric Tremision | | |
| elastomeric technology [X for which an application for a United States Patent was filed on June 5, 2002 Application Number 10/163,749 | | |
| for which an application for a United States Patent was executer on | , and | |
| whereas, WM Argusitions, LLC of Plans, Texas (| here referred | |
| to "assignee" whose mailing address is | is | |
| desirous of acquiring the entire right, title and interest in the same; | | |
| Now, therefore, in consideration of the sum of <u>DNewsuld</u> ollars (\$ <u>INO.00</u>), 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 9th day of September | | |
| executed this 9th day of September at 1701 N. Callins Blud, Suite (12), Rich | ends=1,TX 75080 | |
| fact D. | Suntonature 1 | |
| State of Texas Rick D. Sig | PRINTIO | |
| County of Pallas SS: Printed Name/Reg | istration No., if applicable | |
| Before me personally appeared said Rick Prindle | | |
| and acknowledged the foregoing instrument to be his free act and deed this | | |
| day of September 20 03 Dawre Will | | |
| Seal Dawne will My commission October 9, 2 | EXPIRES | |
| 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*. | | |

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

RECORDED: 02/09/2005