

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Kimiko Childress	08/12/2005
RECEIVING PARTY DATA	
Name:	Rosemount Aerospace Inc.
Street Address:	14300 Judicial Road
City:	Burnsville
State/Country:	MINNESOTA
Postal Code:	55306
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11120879
CORRESPONDENCE DATA	
Fax Number:	(937)443-6635
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	937-443-6600
Email:	trademarks@thompsonhine.com
Correspondent Name:	Steven J. Elleman
Address Line 1:	10 West Second Street
Address Line 2:	2000 Courthouse Plaza, N.E.
Address Line 4:	Dayton, OHIO 45402
NAME OF SUBMITTER:	Steven J. Elleman
Total Attachments: 5 source=015559-305 Change Name#page1.tif source=015559-305 Change Name#page2.tif source=015559-305 Change Name#page3.tif source=015559-305 Change Name#page4.tif source=015559-305 Change Name#page5.tif	

OP \$40.00 11120879

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PATENT
REEL: 016457 FRAME: 0897

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Applicant: : Eriksen et al.
Serial No. : 11/120,879
Filed : May 3, 2005
Title : TRANSIENT LIQUID PHASE EUTECTIC BONDING
Attorney Docket : 015559-305

MAIL STOP PETITION
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA VA 22313-1450

**DECLARATION SETTING FORTH
PROCEDURE FOR CHANGE OF NAME**

I, Kimiko Childress do declare and state that:

1. I am an inventor of the Application Serial No. 11/120,879, filed on May 3, 2005 and entitled TRANSIENT LIQUID PHASE EUTECTIC BONDING
2. I executed a Declaration and Power of Attorney for this application on April 26, 2005, in the name of Kimiko Lewis.
3. Since the time that I executed the Declaration and Power of Attorney I have changed my name to Kimiko Childress.

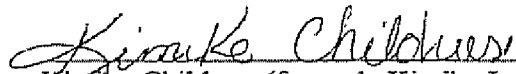
Serial No : 11/120,879
Attorney Docket No.: 015559-305
Petition for Correction of Inventor's Name

4. On May 25, 2005 I was married which caused me to seek to officially change my name to Kimiko Childress.

5 I have taken various steps to reflect my change in name, including obtaining a new driver's license and changing my name with the U.S. Social Security Administration.

6. A redacted copy of my marriage certificate and a letter from the U.S. Social Security Administration indicating receipt of my request for a new Social Security card to reflect my change in name accompanies this Declaration.

I hereby declare that all statements herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


Kimiko Childress (formerly Kimiko Lewis)

Date: August 12, 2005

THIS IS NOT AN ORDER BLANK

ADDITIONAL CERTIFICATION COPY OF YOUR MARRIAGE CERTIFICATE MAY BE OBTAINED FOR \$10.00 FROM THE OFFICE OF HEALTH STATUS MONITORING, STATE DEPARTMENT OF HEALTH, P.O. BOX 3378, HONOLULU, HAWAII 96801. Write full name of groom, full name of bride, *before marriage*, date of marriage, place of marriage, and reason for ordering a copy. Your request form must be signed.

As required by law, enclosed is a true copy of facts recorded on the certificate of Marriage on file in the Office of Health Status Monitoring, Hawaii State Department of Health.

Please note the respective surnames and middle names which you elected to use legally after your marriage.

CERTIFICATION OF MARRIAGE

STATE OF HAWAII
HONOLULU



DEPARTMENT OF HEALTH
HAWAII U.S.A.

CERTIFICATE NO 151

NAME OF GROOM
MARCUS ALLEN CHILDRESS

DATE OF BIRTH

USUAL RESIDENCE

FATHER'S NAME

PLACE OF BIRTH

COUNTY

STATE OR COUNTRY

STATE OR COUNTRY OF BIRTH

MOTHER'S MAIDEN NAME

STATE OR COUNTRY OF BIRTH

NAME OF BRIDE
KIMIKO JANE LEWIS

DATE OF BIRTH

USUAL RESIDENCE

FATHER'S NAME

PLACE OF BIRTH

COUNTY

STATE OR COUNTRY

STATE OR COUNTRY OF BIRTH

MOTHER'S MAIDEN NAME

STATE OR COUNTRY OF BIRTH

GROOM'S DECLARED MIDDLE NAME(S)

2005.5 - BRIDE'S DECLARED MIDDLE NAME(S)
JANE

GROOM'S DECLARED SURNAME
CHILDRESS

BRIDE'S DECLARED SURNAME
CHILDRESS

DATE OF MARRIAGE

May 25, 2005

PLACE OF CEREMONY

WALEA BEACH, WALEA

COUNTY

MAUI

ISLAND

MAUI

DATE ACCEPTED BY STATE REGISTRAR

June 6, 2005

OHSM 5.1 (Rev. 11/01 LASER)

This copy serves as prima facie evidence of the fact of marriage in any court proceeding. [HRS 572-13(c), 338-13(b)]

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

PATENT

REEL: 016457 FRAME: 0900

JUL - 6 2005,

I CERTIFY THIS IS A TRUE COPY OR
ABSTRACT OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.
STATE REGISTRAR

PATENT
REEL: 016457 FRAME: 0901

*** REC 2005199 16041 IA4021E0 LOYA CIPMEAL P. 1 (F-LOX) ***

SOCIAL SECURITY ADMINISTRATION
IMPORTANT INFORMATION

SOCIAL SECURITY
SUITE 500
5215 EDINA INDUSTRIAL BLV
EDINA, MN 55439

DATE: July 18, 2005

KIMIKO JANE CHILDRESS
616 TENTH ST
FARMINGTON, MN 55024

This is a receipt to show that you applied for a Social Security card on July 18, 2005. You should have your card in about 2 weeks.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this letter with you. To protect your privacy, we will not disclose a social security number over the telephone.



Field Office Manager