

Form PTO-1595 (Rev. 03/05)
OMB No. 0651-0027 (exp. 6/30/2005)U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office**RECORDATION FORM COVER SHEET
PATENTS ONLY**

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

Philip Newman

Additional name(s) of conveying party(ies) attached? ☐ Yes ☐ No**3. Nature of conveyance/Execution Date(s):**Execution Date(s) July 5, 2005

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)Name: Robert J. Gangi

Internal Address: _____

Street Address: 6580 E. Rogers CircleCity: Boca RatonState: FloridaCountry: USA Zip: 33487Additional name(s) & address(es) attached? ☐ Yes ☐ No**4. Application or patent number(s):**

A. Patent Application No.(s)

6,817,134 B2

☐ This document is being filed together with a new application.

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No**5. Name and address to whom correspondence concerning document should be mailed:**Name: Ruden, McClosky, Smith, Schuster & Russell, P.A.Internal Address: Stanley A. Kim, Ph.D., Esq.Street Address: 222 Lakeview AveSuite 800City: West Palm BeachState: Florida Zip: 33401-6112Phone Number: 561-838-4512Fax Number: 561-514-3469Email Address: Stanley.Kim@ruden.com**6. Total number of applications and patents involved: 1****7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00**

- ☐ Authorized to be charged by credit card
☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Informationa. Credit Card Last 4 Numbers _____
Expiration Date _____b. Deposit Account Number 503,110Authorized User Name Stanley A. Kim, Ph.D., Esq.**9. Signature:**

Signature

Date

Stanley A. Kim, Ph.D., Esq.

Name of Person Signing

#42,730

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

2

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

CH \$40.00 603110 6817134

Sample Form (former PTO/SB-41) (05-01)

ASSIGNMENT OF PATENT

Docket Number (optional)

Whereas, I, Philip Newman of Boca Raton, Florida hereinafter referred to as patentee, did obtain a United States Patent for an improvement in a
Device for Loading Bullets Into Firearm Magazines ("Parent")

No. US 6,817,134 B2 dated November 16, 2004; and whereas, I am now the sole owner of said patent, and,

Whereas, Robert J. Gangi

of Boca Raton, Florida

hereinafter referred to as "assignee" whose mailing address is
6580 E. Rogers Circle

City of Boca Raton, and State of Florida

is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollars (\$ 1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I, the patentee, by these presents do sell, assign and transfer unto said assignee the entire right, title and interest in and to the said Patent aforesaid, the same to be held and enjoyed by the said assignee for his own use and behoof, and for his legal representatives and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 4th day of July, 20 05

at BOCA RATON, FLORIDA

Philip Newman warrants that he is the sole owner of all right, title, and interest to the Patent and has the right and ability to make this conveyance.

State of FLORIDA

County of PALM BEACH ss:

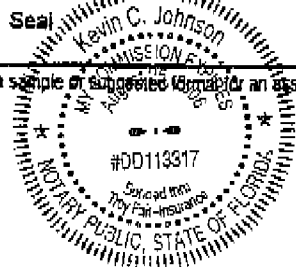
Before me personally appeared said PHILIP NEWMAN

and acknowledge the foregoing instrument to be his free act and deed this 5th day

of July, 20 05

(Signature)

(Notary Public)



This form offers a sample of suggested format for an assignment document. This sample form is not an OIA officially approved form.