FORM PTO 1986   COLOR   COLO	FORM PTO 1505	12 /
To the Honorable Conggissister of Petents and Trademarks  To the Honorable Conggissister of Petents and Trademarks  To the Honorable Conggissister of Petents and Trademarks  Robert KREIS, Peter NEUMANN and Joerg RIERLE  Additional names of conveying party(les) attached?	FURM P10 1995 / %\ REC	-12-2005 ET U.S. DEPARTMENT OF COMMERCE
To the Honorable Congous More of Patents and Trademanks. P.8. 8.  To the Honorable Congous More of Patents and Trademanks. P.8. 8.  Robert KREIS, Peter NEUMANN and Juerg RIEHLE.  Additional namelet of conveying party(ies) ethached? Yes No.  3. Nature of conveying party(ies) ethached? Yes No.  4. Assignment Merger City: 71696 Moeglingen Country: Germany Additional name(s) & address(es) attached? Yes No.  4. Application number(s) or patent number(s):  If this document is being filed together with a new application, the date of the application is;  A Patent Application No(s).  B. Patent No(s).  11/165,832  Additional numbers attached? Yes No.  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address: 755 Main Street, Bldg. 8  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE	007 0.9 2005	Patent and Tracellark Office
To the Honorable Congrigacies of Patents and Trademants SCOSS  1. Name of conveying party(ies):  1. Name and address of receiving party(ies):  1. Name of conveying party(ies):  2. Name of conveying party(ies):  2. Name of conveying party(ies):  2. Name of conveying party(ies):  3. Nature of conveying part	1/12/5	
1. Name of conveying party(les):  Robert KREIS, Peter NEUMANN and Joerg RIEHLE  Additional namele of conveying party(les) stached? Yes No  3. Nature of conveying party(les) stached? Yes No  3. Nature of conveying party(les) stached? Yes No  3. Nature of conveying party(les) stached? Yes No  4. Assignment Merger City: 71696 Moeglingen Country: Germany Additional number(s) address: Im Bornrain 2  City: 71696 Moeglingen Country: Germany Additional name(s) & address(es) attached? Yes No  4. Application number(s) or patent number(s):  If this document is being filed together with a new application, the date of the application is:  B. Patent Application is:  B. Patent No(s).  11/165,832  Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address: 755 Main Street, Bldg. 8  B. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the regular fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE	To the Honorable Commissioner of Patents and Trademar	ttached original documents or copy thereof.
Robert KREIS, Peter NEUMANN and Joerg RIEHLE  Additional name(s) of conveying party(les) attached? Yes No  3. Nature of conveyance:    Security Agreement	Name of conveying party(ies):	2. Name and address of receiving party(ies):
Joerg RIEHLE  Additional name(s) of conveying party(tes) attached?  3. Nature of conveyance:    X Assignment		Name: ORIS Fahrzeugteile Hans Riehle GmbH
Additional name(s) of conveying party(ies) attached?  Street Address:  Im Bornrain 2  Security Agreement	·	Internal Address:
Additional name(s) of conveying party(les) attached? Yes No  3. Nature of conveyance:  X Assignment		
Street Address: Im Bornrain 2  Security Agreement Change of Name Other City: 71696 Moeglingen Country: Germany Additional name(s) & address(es) attached? Yes No  4. Application number(s) or patent number(s): If this document is being filed together with a new application, the date of the application is; A. Patent Application No(s). B. Patent No(s).  11/165,832  Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed: Name: Barry R. Lipsitz Internal Address: 755 Mails Street, Bidg, 8 Street Address: 755 Mails Street, Bidg, 8  B. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE	Additional name(s) of conveying party(ies) attached? Yes No	
Security Agreement	3. Nature of conveyance:	
City: 71696 Moeglingen  Country: Germany  Additional name(s) & address(es) attached?  Yes X No  4. Application number(s) or patent number(s):  If this document is being filed together with a new application, the date of the application is:  A. Patent Application No(s).  B. Patent No(s).  11/165,832  Additional numbers attached? Yes X No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address:  Internal Address:  Street Address:  7. Total fee (37 CFR 3.41)	X Assignment Merger	Street Address: Im Bornrain 2
Additional name(s) & address(es) attached? Yes No  4. Application number(s) or patent number(s):  If this document is being filed together with a new application, the date of the application is:  A. Patent Application No(s).  B. Patent No(s).  11/165,832  Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address: 7. Total fee (37 CFR 3.41)	Security Agreement Change of Name	
4. Application number(s) or patent number(s):  If this document is being filed together with a new application, the date of the application is:  A. Patent Application No(s).  B. Patent No(s).  11/165,832  Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address:  7. Total fee (37 CFR 3.41)	Other	City: 71696 Moeglingen Country: Germany
If this document is being filed together with a new application, the date of the application is:  A. Patent Application No(s).  B. Patent 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: Barry R. Lipsitz  Internal Address: 7. Total fee (37 CFR 3.41)	Execution Date: <u>July 14, 2005</u>	Additional name(s) & address(es) attached? Yes No
A. Patent Application No(s).  11/165,832  Additional numbers attached?  Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address:  755 Main Street, Bldg. 8  Street Address:  755 Main Street, Bldg. 8  8. Deposit account number:  The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE  9. Staterrient and signature.  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.	4. Application number(s) or patent number(s):	
Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address: 7. Total fee (37 CFR 3.41)	If this document is being filed together with a new applic	cation, the date of the application is:
Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address: 7. Total fee (37 CFR 3.41)	A. Patent Application No(s).	B. Patent No(s).
5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address: 7. Total fee (37 CFR 3.41)	11/165,832	
5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Barry R. Lipsitz  Internal Address: 7. Total fee (37 CFR 3.41)	Additional numbers	ettochod? Voc X No
Concerning document should be mailed:   Name: Barry R. Lipsitz		attacheu? res no
Internal Address:  7. Total fee (37 CFR 3.41)		6. Total number of applications and patents involved:
Street Address: 755 Main Street, Bldg. 8  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE  9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.	Name: Barry R. Lipsitz	
Authorized to be charged to deposit account  Street Address: 755 Main Street, Bldg. 8  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE  9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.		
Authorized to be charged to deposit account  Street Address: 755 Main Street, Bldg. 8  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE  9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.		7. Total fee (37 CFR 3.41)\$ 40.00
Street Address: 755 Main Street, Bldg. 8  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE  9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.		
8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE  9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.		
The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE  9. Statement and signature.  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.		x Enclosed
the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  DO NOT USE THIS SPACE  9. Statement and signature.  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.	Internal Address:	Enclosed  Authorized to be charged to deposit account
9. Statement and signature.  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.	Internal Address:	Enclosed  Authorized to be charged to deposit account  8. Deposit account number:
9. Statement and signature.  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.  A page 4.	Internal Address:  Street Address: 755 Main Street, Bldg. 8	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.	Internal Address:	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.	Internal Address:	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.	Internal Address:	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.
Dauglas M. McAllister / / M. Marker Sontember 30, 2005	Street Address: 755 Main Street, Bldg. 8  City: Monroe State: CT ZIP: 06468  DO NOT	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.
	Street Address: 755 Main Street, Bldg. 8  City: Monroe State: CT ZIP: 06468  DO NOT  9. Statement and signature.  To the best of my knowledge and belief, the foregoing information of the state of the	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  USE THIS SPACE
Name of Person Signing Signature Date	Street Address: 755 Main Street, Bldg. 8  City: Monroe State: CT ZIP: 06468  DO NOT  9. Statement and signature. To the best of my knowledge and belief, the foregoing information original document.	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  USE THIS SPACE  ation is true and correct and any attached copy is a true copy of the
10/04/2005 CPUNIT 00000052 111/55022	Street Address: 755 Main Street, Bldg. 8  City: Monroe State: CT ZIP: 06468  DO NOT  9. Statement and signature. To the best of my knowledge and belief, the foregoing information original document.  Douglas M. McAllister	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  USE THIS SPACE  ation is true and correct and any attached copy is a true copy of the  September 30, 2005
Total number of pages including cover sneet, attachments and document:	Street Address: 755 Main Street, Bldg. 8  City: Monroe State: CT ZIP: 06468  DO NOT  9. Statement and signature. To the best of my knowledge and belief, the foregoing information original document.  Douglas M. McAllister  Name of Person Signing	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  USE THIS SPACE  ation is true and correct and any attached copy is a true copy of the  September 30, 2005  Signature  Date
07/FC+8021 / 40 00 D	Street Address: 755 Main Street, Bldg. 8  City: Monroe State: CT ZIP: 06468  DO NOT  9. Statement and signature. To the best of my knowledge and belief, the foregoing information original document.  Douglas M. McAllister  Name of Person Signing	Authorized to be charged to deposit account  8. Deposit account number: The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.  USE THIS SPACE  ation is true and correct and any attached copy is a true copy of the  September 30, 2005  Signature  Date

PATENT REEL: 017060 FRAME: 0343

## ASSIGNMENT

For good and valuable consideration, the receipt of which is hereby acknowledged, I/we the undersigned,

## Robert KREIS, Peter NEUMANN and Joerg RIEHLE

who, has/have created a certain invention for which an application for United States Letters Patent has been

[] executed concurrently herewith [X] filed on June 24, 2005 and assigned application number 11/165,832 and is

## WINDSTOPEINRICHTUNG (WIND STOP DEVICE)

Do hereby sell, assign and transfer to: ORIS Fahrzeugteile Hans Riehle GmbH

referred to herein as "Assignee", whose address is: Im Bornrain 2

entitled:

Im Bornrain 2 71696 Moeglingen Germany

its successors, assigns, and legal representatives, the full and exclusive right to said invention and said application and to any and all inventions described in said application for the United States, its territorial possessions and all foreign countries, and the entire right, title and interest in and to any and all Letters Patent which may be granted therefor in the United States, its territorial possessions and all foreign countries; and in and to any and all continuations-in-part, continuations, divisions, substitutes, reissues, extensions thereof, and all other applications for Letters Patent relating thereto (including prior filed provisional applications) which have been or shall be filed in the United States, its territorial possessions and/or any foreign countries, and all rights, together with all priority rights, under any of the international conventions, unions, agreements, acts, and treaties, including all future conventions, unions, agreements, acts, and treaties;

Agree that Assignee may apply for and receive in its own name Letters Patent for said invention and said inventions, hereinafter referred to as said invention, in the United States, its territorial possessions, and all foreign countries; and that, when requested to carry out in good faith the intent and purpose of this assignment at the expense of said Assignee, its successors, assigns and legal representatives, the undersigned will execute all continuations-in-part, continuations, divisions, substitutes, reissues, and extensions thereof, execute all rightful oaths, assignments, powers of attorney and other papers, testify in any legal or quasi legal proceedings; communicate to said Assignee, its successors, assigns, and legal representatives all facts known to the undersigned relating to said invention and the history thereof; and generally do everything possible which said Assignee, its successors, assigns or legal representatives shall consider desirable for aiding in securing, maintaining and enforcing proper patent protection for said invention and for vesting title to said invention and all applications for patents on said invention in said Assignee, its successors, assigns and legal representatives; and

PATENT REEL: 017060 FRAME: 0344

Application No.:	11/165,832		
Title of Invention:	WINDSTOPEINRICHTUN	G (WIND STOP DEVICE)	
mortgage, license or o	other agreement affecting the rights	signs and legal representatives that no as and property herein conveyed has been by the same as herein expressed is p	n made to others
		Robert KREIS	(L.S.)
		Date: July 14, 2005	<del></del>
		P. Wulc. Peter NEUMANN	(L.S.)
		Date: July 14, 2005	_
		Joerg RIEHLE Date: July 14, 2005	(L.S.)
	$\wedge$		

11/165,832

Name of Witness Printed

**RECORDED: 10/03/2005** 

**PATENT REEL: 017060 FRAME: 0345**