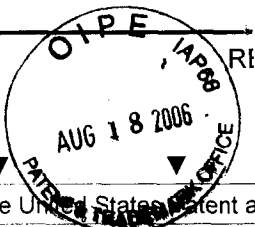


08-23-2006

ocket No.: 81067-299

FORM PTO-1595 (Modified)  
(Rev. 03-01)  
OMB No. 0651-0027 (exp. 5/31/2002)  
P08/REV04



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U.S. DEPARTMENT OF COMMERCE  
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Tab settings

To the Director of the United States Patent and Trademark Office: Please record the attached original documents or copy thereof.

8-18-06

1. Name of conveying party(ies):  
**Jeanne Wandler, Personal Representative of the Estate of Lloyd Nelson**

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

Name: **Darrell Nelson**

Internal Address: **56 Douglasglen Common SE**

**Calgary Alberta Canada T1A 7Z6**

Street Address:

City: State: ZIP:

Additional name(s) & address(es) attached?  Yes  No

Additional names(s) of conveying party(ies)  Yes  No

3. Nature of conveyance:

- Assignment  Merger
- Security Agreement  Change of Name
- Other

Execution Date: **August 4, 2006**

4. Application number(s) or patent numbers(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s)

Filing Date

B. Patent No.(s)

**6,053,055**

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **ADE & COMPANY INC.**

Internal Address: **PO Box 28006 1795 Henderson Hwy**

**08/22/2006 DBYRNE 00000103 6053055**

**01 FC:8021**

**(40.00 OP)**

Street Address: **Winnipeg Manitoba Canada R2G 4E9**

City: State: ZIP:

6. Total number of applications and patents involved: **1**

7. Total fee (37 CFR 3.41):.....\$ **40.00**

Enclosed - Any excess or insufficiency should be credited or debited to deposit account

Authorized to be charged to deposit account

8. Deposit account number:

**01-0310**

(Attach duplicate copy of this page if paying by deposit account)

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.

**Michael R. Williams 45,333**

**August 16, 2006**

Name of Person Signing

Signature

Date

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

**3**

Mail documents to be recorded with required cover sheet information to:  
Mail Stop Assignment Recordation Services

Director of the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450

**PATENT**

**REEL: 018207 FRAME: 0067**

**CANADA  
ASSIGNMENT**

In consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, receipt of which is hereby acknowledged,

I, Jeanne Wandler, Personal Representative of the Estate of Lloyd Nelson

(name(s) of assignor(s))

assignor, whose full post office address is

(Lloyd Nelson) 418, 29 River Ridge Drive NW, Medicine Hat, AB T1A 8V3

(Jeanne Wandler) 229 Fairchild Street SW, Medicine Hat, AB T1A 7Z6

On behalf of the Estate of Lloyd Nelson do hereby confirm the sale, assignment, transfer and setting over, and do hereby sell, assign, transfer and set over to

Darrell Nelson

(name of assignee)

assignee, whose full post office address is

59 Douglasglen Common SE, Calgary Alberta, Canada T2Z 2M7

My entire right, title and interest in and to Canadian Patent No. 2,196,740, entitled 'Multi-port Orifice Meter Fitting', issued July 29, 2003; and

My entire right, title and interest in and to United States Patent No. 6,053,055, entitled 'Multi-port Orifice Meter Fitting', issued April 25, 2000; and

AND I, on behalf of and executors and administrators, hereby covenant and agree to do all such lawful acts and things and to execute without further consideration such further lawful assignments, documents, assurances, applications, and other instruments as may reasonably be required by said assignee, its successors, assigns or legal representatives, to obtain any and all Letters Patent of Canada for said invention and vest the same in said assignee, its successors, assigns or legal representatives.

SIGNED at Medicine Hat

(place of execution)

this 4 day of Aug., 2006.

Jeanne Wandler  
Jeanne Wandler

**STATEMENT BY WITNESS**

I, Nicole Liboiron whose full post office address is

51 Sunset Drive SW, Medicine Hat, Alberta T1B 4T4

was personally present and did see

Jeanne Wandler

(name(s) of person(s) who signed assignment)

who known to me, execute the above assignment.

  
(signature of witness)