

C:\Docu97\convert\A3B-9 - Recordation Form Cover Sheet (Parent, Only).WPD

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

Docket No.: 3851.1006-001

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)/Execution Date(s) ALLAN MCCARTY / 01/23/2007 STEPHEN TITUS / 01/23/2007 / / / Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2 Name and address of receiving party(ies) CLAWSON CUSTOM CUES, INC. D/B/A Name. PREDATOR PRODUCTS Internal Address _____ _____ _____ Street Address 5055-5 ST. AUGUSTINE ROAD _____ City JACKSONVILLE State FL Country USA Zip 32207 Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3 Nature of conveyance. <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ _____			
4 Application number(s) or patent number(s) A Patent Application No.(s) 10/616,820 Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5 This document is being filed together with a new application B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5 Name and address of party to whom correspondence concerning document should be mailed. Name JAMES M. SMITH, ESQ Internal Address: _____ HAMILTON, BROOK, SMITH & REYNOLDS, P.C. Street Address 530 VIRGINIA ROAD, P.O. BOX 9133 City CONCORD State MA ZIP 01742-9133 Phone No 978-341-0036 Fax No 978-341-0136 Email Address JAMES.SMITH@HBSR.COM		6 Total number of applications and patents involved 1 7 Total Fee (37 CFR 1.21(h) & 3.41) \$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorization to charge deposit account number 08-0380 <input type="checkbox"/> Previously submitted - Doc. ID No. [] <input checked="" type="checkbox"/> Authorized to charge any deficiencies or credit any overpayment to deposit account number 08-0380 Do not attach a copy of this page if paying by deposit account and filing via facsimile Attach a copy of this page if paying by deposit account and filing via mail	
8 Kevin T. Shaughnessy Name of Person Signing		3/2/07 Date	

CH \$40.00 080380 10616820

PATENT

- 3 -

Docket No. 3851.1006-001

Inventor's Signature: Stephen Titus
Stephen Titus

State/Commonwealth

of FloridaCounty of Deval

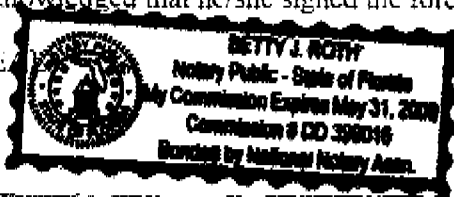
On this 23 day of January 2007, before me, the undersigned notary public, personally appeared Stephen Titus,

☒ personally known to me, or

☐ proved to me through satisfactory evidence of identification, which was

to be the person whose name was signed on the foregoing instrument in my presence, and acknowledged that he/she signed the foregoing instrument as his/her free act and deed.

(SEAL)



Notary Public

Betty J. Roth (print name)My Commission expires 5/31/2009

C:\N:\Punblum\image\MD\DUKCA Y1625518_1.DOC

PATENT