

01-11-2008

Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

103474449

ET

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)

Todd C. Spanton as Personal Representative of the Estate of John B. Spanton, John Michael Spanton, Anna Spanton Hopton

2. Name and address of receiving party(ies)

Name: John F. Alden, III

Internal Address: _____

Street Address: 10 South Fifth Street, Suite 700

City: Minneapolis

State: Minnesota

Country: USA

Zip: 55402

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

Execution Date(s) 12/11/07 OFA

☐ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Joint Research Agreement☐ Government Interest Assignment☐ Executive Order 9424, Confirmatory License☒ Other Attorney's Lien dated December 11, 2007Additional name(s) & address(es) attached? ☐ Yes ☒ No**4. Application or patent number(s):**

A. Patent Application No.(s)

US Patent No. 7,047,578

☐ 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: John F. Alden, III

Internal Address: _____

Street Address: 10 South Fifth Street, Suite 700

City: Minneapolis

State: Minnesota

Zip: 55402

Phone Number: (612) 305 4340

Fax Number: (612) 305 4353

Email Address: jfalden@msn.com

6. Total number of applications and patents involved: one**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 Information**

a. Credit Card Last 4 Numbers _____

Expiration Date _____

b. Deposit Account Number _____

12/18/2007 MGETACHE 00000039 7847578
Authorized User Name _____

01 FC:8021

40.00

9. Signature:

Signature

Date

John F. Alden, III

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 1

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450PATENT
REEL: 020353 FRAME: 0578

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

Vision Trading, LLC,

Plaintiff,

vs.

Court File No. 06-CV-3775/DWF

Todd C. Spanton, as Personal
Representative of the Estate
of John B. Spanton, John Michael
Spanton and Anna Spanton-Hopton,

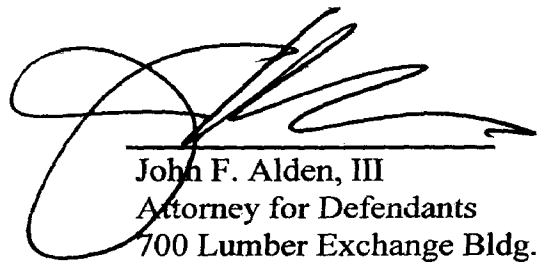
Defendants.

NOTICE OF ATTORNEY'S LIEN

PLEASE TAKE NOTICE THAT the undersigned has an attorney's lien, pursuant to Minnesota Statutes Sections 481.13 and 525.491, upon the above-captioned action and upon the interests of his clients, the Defendants therein, in any money or property involved in or affected by the action, including but not limited to US Patent No. 7,047,578, from the time of commencement of the proceeding; and

That such amount is due and owing to the undersigned for compensation for his unpaid attorney's fees and costs incurred and expended, or which may yet be incurred and expended, in the above-captioned action.

DATED: 12/14/07



John F. Alden, III
Attorney for Defendants
700 Lumber Exchange Bldg.
10 South Fifth Street
Minneapolis, MN 55402
(612 305 4340)

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

John F. Alden, III
Attorney at Law
10 South Fifth Street, Suite 700
Minneapolis, MN 55402

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
Spanton		John	Michael	Mr.
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
P.O. Box 1085		Sunset Beach	CA	90742 USA
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	
			1g. ORGANIZATIONAL ID #, if any	
<input type="checkbox"/> NONE				

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
Spanton, as Personal Representative		Todd	C.	Mr.
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
P.O. Box 1085		Sunset Beach	CA	90742 USA
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	
			2g. ORGANIZATIONAL ID #, if any	
<input type="checkbox"/> NONE				

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
Alden		John	F.	Mr.
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
10 South Fifth Street, Suite 700		Minneapolis	MN	55402 USA

4. This FINANCING STATEMENT covers the following collateral:

The Debtors' interests in all money or property involved in or affected by the following legal action in the United States District Court for the District of Minnesota: Vision Trading, LLC, Plaintiff vs. Todd C. Spanton as Personal Representative of the Estate of John B. Spanton, John Michael Spanton and Anna Spanton-Hopton, Defendants, Court File No. 06-CV-3775-DWF/RLE. Said property includes but is not limited to US Patent No. 7,047,578, and any future proceeds therefrom.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)						
7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)						
8. OPTIONAL FILER REFERENCE DATA						
All Debtors Debtor 1 Debtor 2						

This filing is in connection with an attorney's lien against the above-described property of the Debtors.

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

PATENT
REEL: 020353 FRAME: 0580

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

19a. ORGANIZATION'S NAME		
OR		
19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
Spanton	John	Michael

20. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (21a or 21b) - do not abbreviate or combine names

21a. ORGANIZATION'S NAME				
OR				
21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
Spanton-Hopton	Anna		Ms.	
21c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
P.O. Box 1085		Sunset Beach	CA	90742
21d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	21e. TYPE OF ORGANIZATION	21f. JURISDICTION OF ORGANIZATION	21g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (22a or 22b) - do not abbreviate or combine names

22a. ORGANIZATION'S NAME				
OR				
22b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
22c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
22d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZATION	22f. JURISDICTION OF ORGANIZATION	22g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (23a or 23b) - do not abbreviate or combine names

23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
23c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
23d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGANIZATION	23g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (24a or 24b)

24a. ORGANIZATION'S NAME				
OR				
24b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
24c. MAILING ADDRESS		CITY	STATE	POSTAL CODE

25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (25a or 25b)

25a. ORGANIZATION'S NAME				
OR				
25b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
25c. MAILING ADDRESS		CITY	STATE	POSTAL CODE