

01-15-2008

U.S. DEPARTMENT OF COMMERCE
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To the Director of the U.S. Patent and Trademark Office

and documents or the new address(es) below.

1. Name of conveying party(ies)

Marie DeHarpport Lindsay

2. Name and address of receiving party(ies)

Name: Marie DeHarpport Zeller

Internal Address:

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) July 31, 2005

☐ Assignment

☐ Merger

☐ Security Agreement

☒ Change of Name

☐ Joint Research Agreement due to marriage

☐ Government Interest Assignment

☐ Executive Order 9424, Confirmatory License

☐ Other

Street Address: 1132 S.W. 19th Ave
#505

City: Portland

State: Oregon

Country: USA Zip: 97205

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

4. Application or patent number(s):

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

A. Patent Application No.(s)

6, 733, 477

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Marie D. Zeller

Internal Address:

Street Address: 1132 S.W. 19th Ave
#505

City: Portland

State: Oregon Zip: 97205

Phone Number: 503-295-1151

Fax Number: 503-295-7778

Email Address: ceo@cabinairtech.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

Authorized User Name

9. Signature:

Marie D. Zeller

Signature

Marie D. Zeller

Name of Person Signing

Jan. 9, 2008
Date

Total number of pages including cover sheet, attachments, and documents: 3

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. 22313-1450

CERTIFICATION OF VITAL RECORD

TYPE/PRINT
IN
PERMANENT
BLACK INK.

200502246
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

136-

05-012880

State File Number

APPLICATION, LICENSE, AND RECORD OF MARRIAGE

LOCAL
OFFICIAL

COUNTY Multnomah

LICENSE EFFECTIVE
ON OR AFTER

06/11/05

GROOM

1. GROOM'S NAME First Middle Last
Norman Kenneth Zeller
2. BIRTHPLACE (State or Foreign Country) 3. DATE OF BIRTH (Month, Day, Year) 4. AGE (18 or older, 17 with consent)
N.D. 7-3-31 73
5. SEX 6. OCCUPATION 7. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)
M Retired Widowed
8a. FATHER'S NAME (First, Middle, Last) 8b. BIRTHPLACE (State or Foreign Country)
Alexander Zeller S. Russia
9a. MOTHER'S NAME (First, Middle, Maiden Surname) 9b. BIRTHPLACE (State or Foreign Country)
Marie S. Sandau S.D.
10. GROOM'S ADDRESS Street and Number City or Town County State Zip
1132 SW 19th Ave #508 Portland Mult OR 97205
11. If affidavit is required as proof of age, the name and address of the affiant.

CONSENT FORM
WAIVER

BRIDE

12a. BRIDE'S NAME First Middle Last
Marie D. Lindsay
12b. MAIDEN SURNAME (if different) 12c. PREVIOUS NAME (if different)
Detarppart
13. BIRTHPLACE (State or Foreign Country) 14. DATE OF BIRTH (Month, Day, Year) 15. AGE (18 or older, 17 with consent)
Salem, Oregon Jan. 12, 1933 72
16. SEX 17. OCCUPATION 18. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)
F Manager Divorced
19a. FATHER'S NAME (First, Middle, Last) 19b. BIRTHPLACE (State or Foreign Country)
Francis Leroy Detarppart Salem, Oregon
20a. MOTHER'S NAME (First, Middle, Maiden Surname) 20b. BIRTHPLACE (State or Foreign Country)
E. Grace Henderson Winnipeg, Man. Canada
21. BRIDE'S ADDRESS (Street and Number) City or Town County State Zip
1132 S.W. 19th Ave #505 Portland Multnomah Or. 97205
22. If affidavit is required as proof of age, the name and address of the affiant.

CONSENT FORM
WAIVER

SIGNATURES

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.
23. GROOM'S LEGAL SIGNATURE 24. BRIDE'S LEGAL SIGNATURE
Norman K Zeller Marie D. Lindsay
NEITHER YOU NOR YOUR SPOUSE IS THE PROPERTY OF THE OTHER. THE LAWS OF THE STATE OF OREGON AFFIRM YOUR RIGHT TO ENTER INTO MARRIAGE AND AT THE SAME TIME TO LIVE WITHIN THE MARRIAGE FREE FROM VIOLENCE AND ABUSE.

LICENSE TO
MARRY

This License Authorizes the Marriage in this State of the Parties Named Above by Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the STATE OF OREGON.
26. DATE LICENSE ISSUED 27. SIGNATURE OF ISSUING OFFICIAL 25. LICENSE EXPIRES (Month, Day, Year)
06/08/05 Joan Stone 08/09/05
28. TITLE OF ISSUING OFFICIAL
Deputy

APPLICANT-DO NOT WRITE BETWEEN
THESE LINES-OFFICIAL USE ONLY

CEREMONY

29. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON - MONTH, DAY, YEAR
July 31, 2005
30a. WHERE MARRIED - CITY, TOWN/LOCATON 30b. COUNTY
Portland Multnomah OREGON
31a. SIGNATURE OF PERSON PERFORMING CEREMONY 31b. NAME (Type/Print) 31c. TITLE
Arvin R. Luchs The Rev. Dr. Arvin R. Luchs Sr. Pastor
31d. NAME (ADDRESS OF OFFICIANT'S AUTHORIZING RELIGIOUS CONGREGATION/ORGANIZATION) 31e. ADDRESS AND PHONE NUMBER OF PERSON PERFORMING CEREMONY
First United Methodist Church 1838 SW Jefferson Street
1838 SW Jefferson, Portland, OR Portland, Oregon 97201 503-228-3195
32. WITNESS NAME 33. WITNESS NAME
Ruth A. Brando Stan Limban

LOCAL
OFFICIAL

34. SIGNATURE OF COUNTY CLERK OR DIRECTOR 35. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)
Deborah R. Huff August 9, 2005

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

JAN 10 2007

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

RECORDED: 01/14/2008

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