


Based on Form PTO-1595 OMB No. 0651-0027		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office Attorney Docket No. 49-005	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): (1) Marcel MEJUHAS (2) Jürgen DOLL 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) Name: <u>RECARO AIRCRAFT SEATING GmbH & Co. KG</u> Street Address: <u>74523 Schwäbisch Hall</u> <u>GERMANY</u>			
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Security Agreement <input type="checkbox"/> Other _____		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold;">Marsel MEJUHAS</div>			
Execution Date(s): <u>(1): January 19, 2006</u>		Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4. Application number(s) or patent number(s): Month Day Year If this document is being filed together with a new application, the execution date of the application is (1): 1 19 2005 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Patent Application No.(s) <u>11/294,340</u> </div> <div style="width: 45%;"> B. Patent No.(s) </div> </div> 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: <u>David G. Posz</u> Internal Address: _____ Street Address: <u>Posz Law Group, PLC</u> <u>12040 South Lakes Drive, Suite 101</u> City: <u>Reston</u> State: <u>VA</u> Zip: <u>20191</u>			6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 3.41). \$ <u>40</u> <input checked="" type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>50-1147</u> (Attach duplicate copy of this page if paying by deposit account)		
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9. Statement and signature. <i>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.</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>David G. Posz (Reg. No. 37,701)</u> Name of Person Signing </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 30%; text-align: right;"> <u>February 16, 2006</u> Date </div> </div> Total number of pages including cover sheet, attachments, and documents: 2					

Mail documents to be recorded with required cover sheet information to:
 Commissioner of Patents & Trademarks, Box Assignments
 Alexandria, VA 22313-1450.

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Application Data Sheet**Application Information**

Application number: Unknown
Filing Date: December 6, 2005
Application Type: Regular
Title: SEAT ATTACHMENT APPARATUS
Attorney Docket Number: 49-005

Marsel**Applicant Information (1)**

Applicant Authority Type: Inventor
Primary Citizenship Country: Germany
Status: Full Capacity
Given Name: ~~Marcel~~
Family Name: Mejuhas
City of Residence: Fürstenriederstr. 31, München
Country of Residence: Germany
Street of mailing address: c/o RECARO Aircraft Seating GmbH & Co. KG
City of mailing address: 74523 Schwäbisch Hall
Country of mailing address: Germany
Postal or Zip Code of mailing address:

Applicant Information (2)

Applicant Authority Type: Inventor
Primary Citizenship Country: Germany
Status: Full Capacity
Given Name: Jürgen

Family Name: Doll
City of Residence: Bachstr. 9, Kressbronn
Country of Residence: Germany
Street of mailing address: c/o RECARO Aircraft Seating GmbH & Co. KG
City of mailing address: 74523 Schwabisch Hall
Country of mailing address: Germany
Postal or Zip Code of mailing address:

Assignee Information

Street of mailing address: c/o RECARO Aircraft Seating GmbH & Co. KG
City of mailing address: 74523 Schwabisch Hall
Country of mailing address: Germany
Postal or Zip Code of mailing address:

Correspondence Information

Correspondence Customer Number: 23400

Representative Information

Representative Customer Number: 23400

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:
Germany	DE 10 2005 049 187.1		October 14, 2005
	Yes		

Corrected Application Data Sheet**Application Information**

Application number: 11/294,340
Filing Date: December 6, 2005
Application Type: Regular
Title: SEAT ATTACHMENT APPARATUS
Attorney Docket Number: 49-005

Applicant Information (1)

Applicant Authority Type: Inventor
Primary Citizenship Country: Germany
Status: Full Capacity
Given Name: Marsel
Family Name: Mejuhas
City of Residence: Fürstenriederstr. 31, München
Country of Residence: Germany
Street of mailing address: c/o RECARO Aircraft Seating GmbH & Co. KG
City of mailing address: 74523 Schwäbisch Hall
Country of mailing address: Germany
Postal or Zip Code of mailing address:

Applicant Information (2)

Applicant Authority Type: Inventor
Primary Citizenship Country: Germany
Status: Full Capacity
Given Name: Jürgen

Family Name: Doll
City of Residence: Bachstr. 9, Kressbronn
Country of Residence: Germany
Street of mailing address: c/o RECARO Aircraft Seating GmbH & Co. KG
City of mailing address: 74523 Schwabisch Hall
Country of mailing address: Germany
Postal or Zip Code of mailing address:

Assignee Information

Street of mailing address: c/o RECARO Aircraft Seating GmbH & Co. KG
City of mailing address: 74523 Schwabisch Hall
Country of mailing address: Germany
Postal or Zip Code of mailing address:

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