

# CORRECTED ASSIGNMENT


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## RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<b>1. Name of conveying party(ies)</b> <b>COMMERCIAL COMPOSTING LLC</b> <b>132 Jessee's Lane</b> <b>Laurel, Mississippi 39443</b> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>2. Name and address of receiving party(ies)</b> Name: <b>COMMERCIAL COMPOSTING LLC</b> Internal Address: _____ Street Address: <b>238 Oak Hollow Drive</b> City: <b>Hammond</b> State: <b>Louisiana</b> Country: <b>USA</b> Zip: <b>70401</b> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>3. Nature of conveyance/Execution Date(s):</b> Execution Date(s) _____ <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input checked="" type="checkbox"/> Other <b>CHANGE OF ADDRESS</b>		<b>4. Application or patent number(s):</b> <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <b>10/361,694</b> <b>Recorded:06/24/2003 Reel: 014206 Frame: 0595</b> B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>5. Name and address to whom correspondence concerning document should be mailed:</b> Name: <b>Ronald E. Greigg</b> Internal Address: _____ Street Address: <b>1423 Powhatan Street</b> <b>Unit One</b> City: <b>Alexandria</b> State: <b>Virginia</b> Zip: <b>22314</b> Phone Number: <b>(703) 838-5500</b> Fax Number: <b>(703) 838-5554</b> Email Address: _____		<b>6. Total number of applications and patents involved:</b> <u>1</u> <b>7. Total fee (37 CFR 1.21(h) &amp; 3.41) \$</b> <u>40.00</u> <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)	
<b>9. Signature:</b> _____  <b>RONALD E. GREIGG</b> Name of Person Signing		<b>8. Payment Information</b> a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <b>07-2100</b> Authorized User Name <b>Ronald E. Greigg</b> Date <b>25 MARCH 2008</b> Total number of pages including cover <span style="border: 1px solid black; padding: 2px;">2</span>	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
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GREIGG & GREIGG P.L.L.C.  
A Professional Limited Liability Company  
Unit One Station Square, 1423 Powhatan Street  
Alexandria, Virginia 22314 U. S. A.

Ronald E. Greigg#\*

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Counsel

John F. Gonzalez

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Of Counsel

James L. Bean

-----  
Patent Agent

Steven L. Stephan

Julie Krolkowski

-----  
Founder

Edwin E. Greigg

1913 - 2005

703-838-5500

703-838-5554

e-mail: rgreigg@greigg.com

web site: www.greigg.com

## Attention: Assignment Branch

Please change the assignee's address from:

COMMERCIAL COMPOSTING LLC  
132 Jessee's Lane  
Laurel, Mississippi 39443

to:

COMMERCIAL COMPOSTING LLC  
238 Oak Hollow Drive  
Hammond, Louisiana 70401

\* D C Bar  
# Florida Bar