

06-10-2008



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To the Director of the U.S. Patent and Trademark Office

Documents or the new address(es) below.

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1. Name of conveying party(ies)

CHERYL LYNN ANDERSON

2. Name and address of receiving party(ies)

Name: FASTEN SEAL PRODUCTS, LLC

Internal Address:

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

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

Execution Date(s) MAY 4, 2008

- Assignment Merger
- Security Agreement Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other

Street Address: 717 LAKEFIELD ROAD, UNIT C

City: WESTLAKE VILLAGE

State: CA

Country: U.S. Zip: 91361

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)

B. Patent No.(s)

US PATENT NO. 6035595

Additional numbers attached? Yes No

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

Name: HENRY M. (CHIP) BISSELL IV

Internal Address: LAW OFFICE OF H. BISSELL

Street Address: 10616 ALMOND AVENUE

City: OAK VIEW

State: CA Zip: 93022

Phone Number: 805-649-0721

Fax Number: 805-649-0723

Email Address: LEGALDIVER@SBCGLOBAL.NET

6. Total number of applications and patents involved: 1

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 5731

Expiration Date 01/11

b. Deposit Account Number 02-2465

Authorized User Name HENRY M. BISSELL

9. Signature:

Signature

MAY 28, 2008

Date

HENRY M. (CHIP) BISSELL IV

Name of Person Signing

06/09/2008 DEPT. OF COMMERCE 06/09/2008 02:23:45 6035595
Total number of pages including cover sheet, attachments, and documents: 7
01 FC: 8821 48.00 DR

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

ASSIGNMENT

Whereas, I, CHERYL LYNN ANDERSON, of California, am presently the sole owner of U.S. Patent Number 6,035,595, dated and issued March 14, 2000 from Application No. 09/183,094, to sole inventor Kirk D. Anderson, for a SELF-SEALING FASTENER, and

Whereas, FASTEN SEAL PRODUCTS, LLC, a California limited liability company whose mailing address is 717 Lakefield Road, Unit C, Westlake Village, California 91361, is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of Ten Dollars (\$10.00), receipt of which is hereby acknowledged, and for other good and valuable consideration, I, CHERYL LYNN ANDERSON ("Assignor"), do hereby sell, assign and transfer to FASTEN SEAL PRODUCTS, LLC ("Assignee"), its successors and assigns, the entire right, title and interest in and to said SELF-SEALING FASTENER and the aforesaid Patent; the same to be held and enjoyed by the Assignee for its own use and benefit, and for its legal representatives and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by me had this assignment, sale and transfer not been made.

Executed this 4 day of May, 2008,

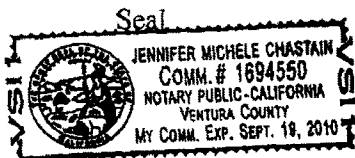
at 4:15 pm 9036 Penfield St.
Ornatstown. CA 91311

by CHERYL LYNN ANDERSON

Cheryl Lynn Anderson
(Signature)

State of California
County of Los Angeles SS:

Before me personally appeared said Cheryl Lynn Anderson 4
and acknowledged the foregoing instrument to be their free act and deed this 4 day
of May, 2008.



Jennifer Michele Chastain
(Notary Public)

Pat.Assign.Anderson[1]

**DECLARATION UNDER CALIFORNIA PROBATE CODE ' ' 13100 AND 13101
ESTATE OF KIRK ANDERSON, DECEASED.**

The undersigned hereby declares:

1. I make this declaration to induce the following institution(s) to transfer to me the property described below under California Probate Code section 13100:

- A. Membership interest in Fasten Seal, LLC, a California limited liability Company.
- B. U.S. Patent Number 6,035,595 related to a Self-Sealing Fastener issued from Application No. 09/183,094; Date of Patent: March 14, 2000. The inventor is KIRK D. ANDERSON.

2. KIRK D. ANDERSON died on December 5, 2007, as a resident of Chatsworth, Los Angeles County, California.

3. At least forty (40) days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this declaration as Exhibit "A," and incorporated herein by reference.

4. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

5. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred thousand dollars (\$100,000.00).

6. A description of the property that is to be paid, transferred, or delivered to the declarant is as follows:

- A. Membership interest in Fasten Seal, LLC, a California limited liability Company.
- B. U.S. Patent Number 6,035,595 related to a Self-Sealing Fastener issued from Application No. 09/183,094; Date of Patent: March 14, 2000, as set forth in paragraph 1.B., above.

7. The following is the sole successor of the decedent to the described property, as defined in Section 13006 of the California Probate Code to the described property:

CHERYL LYNN ANDERSON

8. The declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

10. The declarant requests that the described property be paid, delivered, or transferred to declarant.

11. Declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 13th, 2008, at Chatsworth, California.

Cheryl L. Anderson
CHERYL LYNN ANDERSON

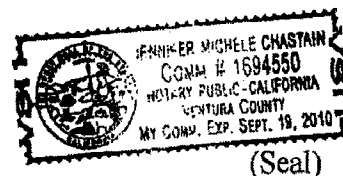
State of California)
County of Los Angeles)

On March 13, 2008, before me Jennifer Michele Chastain, the undersigned notary public, personally appeared Cheryl Lynn Anderson, who proved to me on the basis of satisfactory evidence to be the person whose names is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacities, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Jennifer Michele Chastain
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3200719049739

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
KIRK		ANDERSON	
2. MIDDLE		4. DATE OF BIRTH	
DANIEL		08/09/1961	
5. AGE Yrs.		6. SEX	
46		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		556-43-6884	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. DATE OF DEATH		14. HOUR (24 Hours)	
12/05/2007		0920	
15. EDUCATION — Highest Level Reached (See instructions on back)		16. DECEDENT'S RACE — (Up to 3 races may be listed. See instructions on back)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
SUPERVISOR		CONSTRUCTION	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number or location)	
28		9636 PENFIELD AVE	
21. CITY		22. COUNTY/PROVINCE	
CHATSWORTH		LOS ANGELES	
23. ZIP CODE		24. YEARS IN COUNTY	
91311		46	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		CHERYL ANDERSON, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE — FIRST	
9636 PENFIELD AVE, CHATSWORTH, CA 91311		CHERYL	
29. MIDDLE		30. LAST (Maidsen Name)	
LYNN		CORTEZ	
31. NAME OF FATHER — FIRST		32. MIDDLE	
PAUL		HARRY	
33. NAME OF MOTHER — FIRST		34. MIDDLE	
JOHNNIE		FAY	
35. LAST (Maidsen)		36. BIRTH STATE	
MCMAHAN		CA	
37. BIRTH STATE		38. BIRTH STATE	
CA		CA	
39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION	
12/11/2007		RESIDENCE CHERYL ANDERSON 9636 PENFIELD AVE, CHATSWORTH, CA 91311	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
FD1760		ROSE FAMILY FUNERAL HOME AND CR	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD1760		JONATHAN FIELDING, MD	
47. DATE		48. SIGNATURE OF LOCAL REGISTRAR	
12/10/2007		JONATHAN FIELDING, MD	
49. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
STREET		<input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Skilled Home <input checked="" type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
LOS ANGELES		8129 WILLOW GLEN ROAD	
106. CITY		107. CAUSE OF DEATH	
LOS ANGELES		Enter the chain of events — disease, injury, or complications — that directly caused death. DO NOT cover terminal events such as cardiac arrest, respiratory arrest, or vascular liberation without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER (Check and Credit)		109. IMMEDIATE CAUSE (Final disease or condition resulting in death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(A) DEFERRED	
110. DEATH REPORTED TO CORONER (Check and Credit)		(B) _____	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(C) _____	
111. AUTOPSY PERFORMED?		(D) _____	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(E) _____	
112. USED IN DETERMINING CAUSE?		(F) _____	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(G) _____	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CORONER		116. LICENSE NUMBER	
EVONNE D REED		2007-08802	
117. DATE		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
12/08/2007		EVONNE D REED, DEPUTY CORONER	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED.		120. INJURED AT WORK?	
Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)	
123. DESCRIBE HOW INJURY OCCURRED (Describe which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
EVONNE D REED		EVONNE D REED, DEPUTY CORONER	
127. DATE		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
12/08/2007		EVONNE D REED, DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		*H106997501*	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD
PA

DATE ISSUED

DEC 17 2007

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

