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Country: Germany Zip: D-77815 Additional name(s) & address(es) attached? Yes V No	
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6. Total number of applications and patents involved: 1	
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ASSIGNMENT

WHEREAS, we, ROSHAN WILLEKE, a citizen of Germany and a resident of Karlsruhe, Germany, whose post office address is Graf-Stauffenberg-Strasse 5, D-76189 Karlsruhe, Germany; and ANDREAS BIRK, a citizen of Germany and a resident of Oberkirch, Germany, whose post office address is Adolph-Kolping-Strasse 7, D-77704 Oberkirch, Germany; have invented certain improvements in a PRESSURE RELIEF VALVE FOR A HYDRAULIC SYSTEM, set forth in an application for United States Patent, Serial No. 12/218,232, filed on July 12, 2008; and

WHEREAS, Luk LAMELLEN UND KUPPLUNGSBAU BETEILIGUNGS KG, a corporation of Germany, having its principal office and place of business at Industriestrasse 3, D-77815 Bühl, Germany, is desirous of acquiring the entire right, title, and interest in and to the invention disclosed in said application for the territory of the United States of America, and in and to all United States Patents issued or to be issued thereon;

NOW, THEREFORE, to all whom it may concern, be it known that for and in consideration of the sum of One (\$1.00) Dollar to me in hand paid and other good and valuable consideration, the receipt of which is hereby acknowledged, I have sold, assigned, and transferred and by these presents I do sell, assign, and transfer unto Luk LAMELLEN UND KUPPLUNGSBAU BETEILIGUNGS KG my entire right, title, and interest in and to the invention disclosed in said application for the territory of the United States of America, and in and to the application for United States Patent therefor, and in and to all United States Patents issued or to be issued thereon, and in and to all reissues, divisions, continuations, and continuations-in-part thereof; and for the consideration aforesaid I agree to execute any and all papers necessary to vest in and to secure to Luk LAMELLEN UND KUPPLUNGSBAU BETEILIGUNGS KG the full and exclusive rights to the invention aforesaid in the United States of America; and I do hereby authorize and request the Director of the United States Patent and Trademark Office to issue all future patents granted on said application or on the subject matter disclosed therein to the aforenamed assignee, its legal representatives, successors, and assigns.

PATENT REEL: 021614 FRAME: 0787

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IN TESTIMONY WHEREOF, I have	hereunto set my hand this 8th day of
Witnesses:	
Desk siling	Roshan Delle
M. Dome	ROSHAN WILLEKE
******	********
IN TESTIMONY WHEREOF, I have	hereunto set my hand this 11th day of
Witnesses:	
Millione Telling	ANDREAS BIRK

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Form PTO-1595 (Rev. 07/05) U.S. DEPARTMENT OF COMMERCE OMB_No. 0651-0027 (exp. 6/30/2008) United States Patent and Trademark Office 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. 1. Name of conveying party(ies) 2. Name and address of receiving party(ies) Name: Luk Lamellen und Kupplungsbau Roshan WILLEKE; and Beteiligungs KG Andreas BIRK Additional name(s) of conveying party(ies) attached? Yes 🗸 No 3. Nature of conveyance/Execution Date(s): Street Address: Industriestrasse 3 Execution Date(s) 08/08/2008; 08/11/2008; respectively ✓ Assignment Merger City: Bühl ___ Security Agreement Change of Name Joint Research Agreement Government Interest Assignment Country: Germany Zip: D-77815 ☐ Executive Order 9424, Confirmatory License Other Additional name(s) & address(es) attached? Yes V 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) 12/218,232 Additional numbers attached? Yes No 5. Name and address to whom correspondence 6. Total number of applications and patents concerning document should be mailed: involved: 1 Name: Alfred J. Mangels 7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00 Internal Address:__ Authorized to be charged by credit card ✓ Authorized to be charged to deposit account Street Address: 4729 Cornell Road Enclosed None required (government interest not affecting title) 8. Payment Information City: Cincinnati a. Credit Card Last 4 Numbers ____ State: Ohio Zip: 45241-2433 Expiration Date _____ Phone Number: (513) 469-0470 b. Deposit Account Number 501300 Fax Number: (513) 489-6030 Authorized User Name Alfred J. Mangels Email Address: amangels@fuse.net 9. Signature: Signature Alfred J. Mangels Total number of pages including cover sheet, attachments, and documents: Name of Person Signing

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