E	12/460561 07 - 29 - 2009		
OMB No. 0651-0027 (exp. 6/30/2005)	07/21/2009		
RECORDATION F			
	NTS ONLY 103568788		
	Please record the attached documents or the new address(es) below.		
1. Name of conveying party(les)/Execution Date(
John E. Harrold	Name: <u>Innopak Inc.</u> Internal Address:		
Execution Date(s) June 2, 2009			
Execution Date(s) June 2, 2009 Additional name(s) of conveying party(les) attached? Yes X	Street Address: <u>2 Bay Harbor Blvd.</u>		
3. Nature of conveyance:			
X Assignment Merger	City: Brick		
Security Agreement Change of Name	State: New Jersey		
Government Interest Assignment			
Executive Order 9424, Confirmatory License	Country: <u>U.S.A.</u> Zip: 08723		
Other	Additional name(s) & address(es) attached? Yes X No		
•• • • • • • • • • • •	his document is being filed together with a new application.		
A. Patent Application No.(s)	B. Patent No.(s)		
•			
Docket No.:SWD-149AD			
Additional numbers			
5. Name and address to whom correspondence	6. Total number of applications and patents involved:		
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5. Name and address to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: 7. Total fee (37 CFR 1.21(h) & 3.41) Authorized to be charged by credit card		
5. Name and address to whom correspondence concerning document should be mailed: Name: Deirdra M. Meagher Internal Address:	6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 1.21(h) & 3.41) \$ Authorized to be charged by credit card Authorized to be charged to deposit account		
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5. Name and address to whom correspondence concerning document should be mailed: Name: Deirdra M. Meagher Internal Address: Street Address: 24 Mine Street City: Flemington	6. Total number of applications and patents involved: 7. Total fee (37 CFR 1.21(h) & 3.41) \$ Authorized to be charged by credit card Authorized to be charged to deposit account X Enclosed None required (government interest not affecting title) 8. Payment information		
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5. Name and address to whom correspondence concerning document should be mailed: Name: Deirdra M. Meagher Internal Address: Street Address: 24 Mine Street City: Flemington State: New Jersey Zip: 08822 Phone Number: 908-788-0077	6. Total number of applications and patents involved: 7. Total fee (37 CFR 1.21(h) & 3.41) \$ Authorized to be charged by credit card Authorized to be charged by credit card Authorized to be charged to deposit account X Enclosed None required (government interest not affecting title) 8. Payment information a. Credit Card Last 4 Numbers Expiration Date		
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PATENT REEL: 023021 FRAME: 0405

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	ASSIGNMENT OF APPLICATION		Doc	Docket Number (Optional)		
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