

RE 11/20/09

Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)

12-15-2009

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office



ID #
103581438 A

To the Director of the U.S. Patent and

103583668

ments or the new address(es) below.

1. Name of conveying party(ies)

JAMES J. MODLA

2. Name and address of receiving party(ies)

Name: JAMES J. MODLA

Internal Address: _____

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

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

Execution Date(s) 11/16/09

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

Street Address: 2299 RILEY Rd.

City: THE VILLAGES

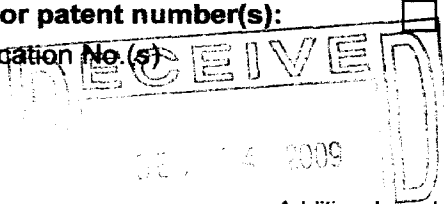
State: FLORIDA

Country: USA Zip: 32162

Additional name(s) & address(es) attached? Yes No

4. Application or patent number(s):

A. Patent Application No. (s)



This document is being filed together with a new application.

B. Patent No. (s) 2

- 1. 6,665,680 - B2
- 2. 6,510,433 - B1

Additional numbers attached? Yes No

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

Name: JAMES J. MODLA

Internal Address: _____

Street Address: 2299 RILEY Rd.

City: THE VILLAGES

State: FLORIDA Zip: 32162

Phone Number: 352-978-2414

Fax Number: _____

Email Address: MODLA100@YAHOO.COM

6. Total number of applications and patents involved:

1 APPLICATION - 2 PATENTS

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 8000

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed WAS SENT 11/16/09
- None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

James J. Modla
Signature

JAMES J. MODLA
Name of Person Signing

11/16/09
Date

Total number of pages including cover sheet, attachments, and documents:

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

RECORDATION FORM COVER SHEET ID #
PATENTS ONLY 103581438 A

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: KERRI MODLA

Internal Address: _____

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

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

Execution Date(s) 11/16/09

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

Street Address: 28 B RIVERHILL

City: NEW HOPE

State: PENNA.

Country: USA Zip: 18938

Additional name(s) & address(es) attached? Yes No

4. Application or patent number(s):

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11-23-2009

11-20-09



103581438

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1. Name of conveying party(ies)
JAMES J. MODLA
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: **JAMES J. MODLA**
Internal Address: _____

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A. Patent Application No.(s)
NOV 20 2009
Additional numbers attached? Yes No

B. Patent No.(s) **2**
1. 6,665,680 - B2
2. 6,570,433 - B1

5. Name and address to whom correspondence concerning document should be mailed:
Name: **JAMES J. MODLA**
Internal Address: _____
Street Address: **2299 RILEY RD.**

6. Total number of applications and patents involved: **1 APPLICATION - 2 PATENTS**
7. Total fee (37 CFR 1.21(h) & 3.41) \$ **80.00**
 Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed
 None required (government interest not affecting title)

City: **THE VILLAGES**
State: **FLORIDA** Zip: **32162**
Phone Number: **352-978-2414**
Fax Number: _____
Email Address: **JLM@MODLA.US**

8. Payment Information
a. Credit Card Last 4 Numbers _____
Expiration Date _____
b. Deposit Account Number _____
Authorized User Name **11/20/2009 DBYRNE 00000033 6665680**
01 FC:0021

9. Signature: **JAMES J. MODLA**
Signature
JAMES J. MODLA
Name of Person Signing

Date: **11/16/09**
Total number of pages including cover sheet, attachments, and documents:

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Sample Form (former PTO/SB/15) (08-03)

ASSIGNMENT OF APPLICATION

Docket Number (Optional)

Whereas, I/We, JAMES J. MODLA of _____, hereafter referred to as applicant, have invented certain new and useful improvements in DATABASE

STRUCTURE HAVING TANGIBLE AND INTANGIBLE ELEMENTS AND MANAGEMENT SYSTEM THEREFORE

- for which an application for a United States Patent was filed on _____
Application Number: _____
1. 1-21-2003-6,510,433
- for which an application for a United States Patent was executed on _____, and
2. 12-16-2003-6,665,680

Whereas, KERRI MODLA of _____ here referred to as "assignee" whose mailing address is 26 B RIVERHILL, NEW HOPE, PA. 18938 is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of 1 dollars (\$ 1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire rights, title and interest in and to any and all Patents which may be granted therefore in the United States. I/We hereby authorize and request the Director of the U.S. Patent and Trademark Office to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 16th day of NOVEMBER, 20 09

at _____

[Signature]
Signature
JAMES J. MODLA
Printed Name/Registration No., if applicable

State of _____)
County of _____) SS:

Before me personally appeared said _____ and acknowledged the foregoing instrument to be his free act and deed this _____ day of _____, 20 _____.

Seal
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of _____ forms are submitted.

*This form offers a sample or suggested format for an assignment document. This sample form is not an OMB officially approved form.

11/16/09

DEAR MR. JEFFREY OLSEN:


ON 10/09/2009 YOU WERE KIND
AND SENT ME AN ASSIGNMENT
OF 2 PATENTS: 1. 6,665,680
2. 6,510,433

FROM MY RECENTLY DECEASED WIFE'S
ESTATE. I HAVE ENCLOSED A COPY.

I WISH TO NOW HAVE MY DAUGHTER'S
NAME ADDED TO THE PATENT.

I CALLED YOUR OFFICE AND THEY
GAVE ME INSTRUCTIONS.

THANK YOU.


JAMES J. MODLA

11/16/09

JAMES J. MODLA
2299 RILEY RD.
THE VILLAGES, FL. 32162

PHONE - 352-978-2414
E-MAIL - JL@MODLA.US