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OMB No. 0651-0027 (exp. 6/30/2008)U.S. DEPARTMENT OF COMMERCE
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RECORDATION FORM COVER SHEET PATENTS ONLY	
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1. Name of conveying party(ies) <u>WAYMON WILLIAMS</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>REVEY TECHNOLOGIES, INC.</u> Internal Address: _____ Street Address: <u>601 N MILLER ST</u> City: <u>DECATUR</u> State: <u>TX</u> Country: <u>USA</u> Zip: <u>76234</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance/Execution Date(s): Execution Date(s) <u>7-13-10</u> <input checked="" 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 type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>5,662,811</u> B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>WAYMON WILLIAMS</u> Internal Address: _____ Street Address: <u>601 N MILLER ST</u> City: <u>DECATUR</u> State: <u>TX</u> Zip: <u>76234</u> Phone Number: <u>940-399-6125</u> Fax Number: <u>940-627-6150</u> Email Address: <u>waymonandjudy@NETCOMMANDER.COM</u>	6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40</u> <input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)
9. Signature: <u>Waymon Williams</u> _____ Signature <u>WAYMON WILLIAMS</u> Name of Person Signing	8. Payment Information a. Credit Card Last 4 Numbers <u>9917</u> Expiration Date <u>10/11</u> b. Deposit Account Number _____ Authorized User Name <u>Judy Williams</u> Date <u>7-13-10</u> Total number of pages including cover sheet, attachments, and documents: <u>2</u>

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Assignment Department

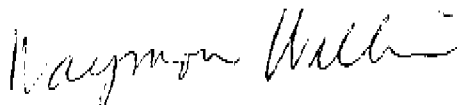
Dear Sir or Madam:

I am the owner of U.S. Patent No. 5,662,811; Serial Number 08/617,416; Issued September 2, 1997; Method for Creating Gas-Liquid Interfacial Contact Conditions For Highly Efficient Mass Transfer.

I desire to assign my ownership of this patent to Revex Technologies, Inc.

Thank you for your cooperation.

Sincerely,



Waymon Williams

7-13-10

Date