

PATENT ASSIGNMENT

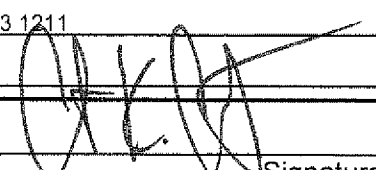
Electronic Version v1.1
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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ROBERT H. PRASSER	10/27/2010
RECEIVING PARTY DATA	
Name:	THERMO RECOVERY FILTERS, INC.
Street Address:	17358 COUNTY ROAD F
City:	LAKEWOOD
State/Country:	WISCONSIN
Postal Code:	54138
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12807653
CORRESPONDENCE DATA	
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ATTORNEY DOCKET NUMBER:	9931.21031
NAME OF SUBMITTER:	Garet K. Galster
Total Attachments: 2 source=Assignment Documents#page1.tif source=Assignment Documents#page2.tif	

OP \$40.00 12807653

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) ROBERT H. PRASSER 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>THERMO RECOVERY FILTERS, INC.</u> Internal Address: _____ _____ Street Address: <u>17358 COUNTY ROAD F</u> _____ City: <u>LAKEWOOD</u> State: <u>WISCONSIN</u> Country: <u>US</u> Zip: <u>54138</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>10/27/2010</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>12/807,653</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>GARET K. GALSTER</u> Internal Address: <u>RYAN KROMHOLZ & MANION, S.C.</u> _____ Street Address: <u>P.O. Box 26618</u> _____ City: <u>MILWAUKEE</u> State: <u>WI</u> Zip: <u>53226-0618</u> Phone Number: <u>262 783 1300</u> Fax Number: <u>262 783 1211</u> Email Address: <u>N/A</u>	6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</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)
8. Payment Information a. Credit Card Last 4 Numbers <u>9999</u> Expiration Date <u>1/2011</u> b. Deposit Account Number <u>06-2360</u> Authorized User Name <u>DANIEL D. RYAN</u>	
9. Signature: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> <u>11/3/2010</u> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <u>GARET K. GALSTER</u> Name of Person Signing </div> <div style="text-align: center;"> Total number of pages including cover sheet, attachments, and documents: 2 </div> </div>	

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