

# PATENT ASSIGNMENT

Electronic Version v1.1

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<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
Michael Bailey	03/03/2011
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	Charles MacMaster
<b>Street Address:</b>	76 Stevens Road
<b>City:</b>	Augusta
<b>State/Country:</b>	MAINE
<b>Postal Code:</b>	04330
<b>Name:</b>	Pamela MacMaster
<b>Street Address:</b>	76 Stevens Road
<b>City:</b>	Augusta
<b>State/Country:</b>	MAINE
<b>Postal Code:</b>	04330
<b>PROPERTY NUMBERS Total: 2</b>	
<b>Property Type</b>	<b>Number</b>
Patent Number:	7117610
Patent Number:	7493704
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(207)773-4585
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**501527344**

**PATENT**  
**REEL: 026259 FRAME: 0405**

**CH \$80.00 7117610**

ATTORNEY DOCKET NUMBER:	11-062
NAME OF SUBMITTER:	Patricia M. Mathers
Total Attachments: 2 source=pto_20110511_assign_recorded#page1.tif source=pto_20110511_assign_recorded#page2.tif	

RECORDATION FORM COVER SHEET  
PATENTS ONLY

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Michael Bailey

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

3. Nature of conveyance:

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other \_\_\_\_\_

Execution Date: March 3, 2011

2. Name and address of receiving party(ies)

Name: Charles and Pamela MacMaster

Internal Address: \_\_\_\_\_

Street Address: 76 Stevens Road

City: Augusta State: ME Zip: 04330

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

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

A. Patent Application No.(s)

B. Patent No.(s)

US 7,117,610 B2 & US 7,493,704 B2

Additional numbers attached? ☐ Yes ☒ No

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

Name: Bohan, Mathers & Associates, LLC

Internal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box 17707

City: Portland State: ME Zip: 04112

6. Total number of applications and patents involved:

7. Total fee (37 CFR 3.41).....\$ 80

- ☐ Enclosed  
☒ Authorized to be charged to deposit account

8. Deposit account number:

501517

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Patricia M. Mathers

Name of Person Signing



Signature

Date

10 MAY 2011

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

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
Washington, D.C. 20231

## Relinquishing of Rights

To U.S. Patent No: 7,117,610 B2

### Scribing Tool

I, Michael Bailey, being of sound mind and body, hereby relinquish any rights, claims or interests I may have in U.S. Patent No: 7,117,610 B2 and U.S. Patent No: 7,493,704 B2. I further sign over all of my rights, claims and interests I have in U.S. Patent No: 7,117,610 B2 and U.S. Patent No: 7,493,704 B2 to Charles MacMaster and Pamela MacMaster. I further understand that I cannot make any future claims of ownership or claims against said Patents. I am under no pressure or undue constraint in making this decision. I further state that this is my free act and deed.

Dated: 3/3/11

  
Michael Bailey

State of Maine  
County of Androscoggin

Then personally appeared before me the above named Michael Bailey and swore to the truth of the aforementioned statement.

Dated: 3/3/2011

  
Notary Public

BENJAMIN P. QUALEY  
Notary Public, Maine  
My Commission Expires October 17, 2017

PATENT

SCANNED