Docket No.: FET-81

FÖRM PTO-1595 (Modified) (Rev. 03-09) OMB No. 0651-0027 (exp.3/31/2009) P08/REV08

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office

PATENTS ONLY

7		TO ONE I	
To the Director of the United States Patent and Trademark Office: 1. Name of conveying party(ies): Michael W. Lassota		Please record the attached documents or the new address(es) below. 2. Name and address of receiving party(ies): Name: Food Equipment Technologies Company, Inc.	
		Internal Address: 600 R	lose Road
Additional names(s) of conveying party(ic	s) attached? 🔲 Yes 🖾 No		
3. Nature of conveyance/Execution Date(s): Execution Date(s): 1/5/2012		Street Address: 600 Rose Road	
	☐ Merger	•	
☐ Security Agreement ☐ Change of Name		City: Lake Zurich	
☐ Joint Research Agreement		State: IL	
☐ Government Interest Assignment			
☐ Executive Order 9424, Confirmatory License		Country: USA	ZIP: 60047
⊔ Other		Additional name(s) & address	(es) attached? 🔲 Yes 🔀 No
4. Application or patent numbers(s):		☐ This document is being filed together with a new application	
A. Patent Application No.(s) 13/316,777		B. Patent No.(s)	
5. Name and address to whom		6. Total number of applica	tions and patents
concerning document should b	e mailed:	involved:	a gradient de la companya de la comp
Name: James W. Potthast		7. Total fee (37 CFR 1.21(h) & 3.41): \$25.00	
Internal Address: Potthast & Associates		(1) 1 0 1	
Charles Add an an agent		M Authorizant to the above	
Street Address: 10606 Decrpath Road		 ☑ Authorized to be charged to deposit account ☑ Enclosed 	
		☐ None required (government interest not affecting title)	
City: Woodstock		8. Payment Information:	
State: IL ZIP: 60098		,	
Phone Number: 815-334-0830	() (American Primary		
Fax Number: 815-334-0820		Deposit Account Number	16-2370
Email Address: patenst@potthastlaw.com		Authorized User Name	James W. Potthast
9. Signature:	W. Signature		1/16/2012 Date
*** C.	James W. Potthast	Total r	number of pages including cover
Na	me of Person Signing		attachments, and document:

Documents to be recorded (including point about about be found to (\$74)373 0460, or mailed to

PATENT

REEL: 027549 FRAME: 0541

700478365

FET-81

815-334-0820

ASSIGNMENT

Title: "Fluid Container with Discrete Modularized Multiple Sensing and Method"

Serial No.: 13/316,777

Filed: December 12, 2011

Inventors: Michael W. Lassota

In consideration of One Dollar (\$1.00) and other good and valuable consideration in hand paid, the receipt and sufficiency whereof are hereby acknowledged, each of the undersigned hereby assigns to FOOD EQUIPMENT TECHNOLOGIES COMPANY, INC., A CORPORATION of the State of Illinois, its successors and assigns, the entire right, title and interest in the invention or improvements of each of the undersigned disclosed in said application for patent of the United States and identified by the above title in the law office of Potthast & Associates and other filing particulars, and in any and all other corresponding applications or inventors certificates, including foreign, which each of the undersigned or the assignee may file, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of the United States and Foreign Countries, which may be obtained from any of said applications, and in any reissue, division, continuation or extension of such patents or applications.

The undersigned agrees to sign such documents reasonably required or needed to confirm this assignment, or any application, declaration or other documents that may be required to confirm, establish or perfect all of the rights granted herein to FETCO without further compensation.

Each of the undersigned agree to allow Potthast & Associates to add the serial number and filing date to this

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PATENT **REEL: 027549 FRAME: 0542**

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assignment after they have received this information from the United States Patent and Trademark Office.

WITNESS my hand and soal this 5th day of JANUARY 2012.

NITNESS PRINTED NAME

STREET ADDRESS
LUNG 16 6047
CITY, STATE, ZIP CODE

STATE OF ULLINOIS)
COUNTY OF _____)

Notary Public
My Commission Expires

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