

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT2669241

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
Name		Execution Date
DANIEL P CONWAY		01/06/2014
RECEIVING PARTY DATA		
Name:	SHOWER B CLEAN, LLC	
Street Address:	209 MCCORMACK ROAD NORTH	
City:	SLINGERLANDS	
State/Country:	NEW YORK	
Postal Code:	12159	
PROPERTY NUMBERS Total: 2		
Property Type	Number	
Patent Number:	6463600	
Patent Number:	6742199	
CORRESPONDENCE DATA		
Fax Number:		
Email:	dconway2@nycap.rr.com	
<i>Correspondence will be sent via US Mail when the email attempt is unsuccessful.</i>		
Correspondent Name:	DANIEL P CONWAY	
Address Line 1:	209 MCCORMACK ROAD NORTH	
Address Line 4:	SLINGERLANDS, NEW YORK 12159	
NAME OF SUBMITTER:	DP CONWAY	
Signature:	/DP Conway/	
Date:	01/06/2014	
This document serves as an Oath/Declaration (37 CFR 1.63).		
Total Attachments: 1 source=assignment application 2 001#page1.tif		

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)

Daniel P Conway, Jude N Kaiser

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No**3. Nature of conveyance/Execution Date(s):**

Execution Date(s) 01/06/2014

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

2. Name and address of receiving party(ies)

Name: Shower B Clean, LLC

Internal Address: _____

Street Address: 209 McCormack Road North

City: Slingerlands

State: New York

Country: United States Zip: 12159

Additional name(s) & address(es) attached? ☐ Yes ☒ No**4. Application or patent number(s):**

This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

6,463,600 & 6,742,199

Additional numbers attached? ☐ Yes ☒ No**5. Name and address to whom correspondence concerning document should be mailed:**

Name: Daniel P Conway

Internal Address: _____

Street Address: 209 McCormack Road North

City: Slingerlands

State: New York Zip: 12159

Phone Number: (518) 395 - 4184

Docket Number: _____

Email Address: dconway2@nycap.rr.com

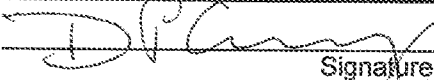
6. Total number of applications and patents involved: 2**7. Total fee (37 CFR 1.21(h) & 3.41) \$0**

- ☐ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number _____

Authorized User Name _____

9. Signature:


Signature

1/6/2014

Date

Daniel P Conway

Name of Person Signing

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

1

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

PATENT**RECORDED: 01/06/2014****REEL: 031901 FRAME: 0106**