

04-23-2001



RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

101682496

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

4-6-01

<b>Submission Type</b>		<b>Conveyance Type</b>	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID#	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel #                  Frame #	<input type="checkbox"/> Corrective Document Reel #                  Frame #	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Merger
		<input type="checkbox"/> Nunc Pro Tunc Assignment	Effective Date Month Day Year <input type="text"/>
		<input type="checkbox"/> Change of Name	
		<input type="checkbox"/> Other	
<b>Conveying Party(ies)</b>		<input type="checkbox"/> Mark if additional names of conveying parties attached	

<b>Name:</b> Klincher Locknut Corporation	<b>Execution Date</b> Month Day Year 03 16 98
<b>Formerly</b>	

<input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Citizenship/State of Incorporation/Organization: <u>Indiana</u>	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)
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<b>Receiving Party</b>	<input type="checkbox"/> Mark if additional names of receiving party attached
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<b>Name:</b> Dual Machine Corporation			
<b>DBA/AKA/TA:</b>			
<b>Composed of:</b>			
<b>Address (line 1)</b> 1951 Bloyd Avenue			
<b>Address (line 2)</b>			
<b>Address (line 3)</b>	Indianapolis	Indiana	46218
	City	State/Country	Zip Code

<input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Other _____ Limited Liability Company _____ <input checked="" type="checkbox"/> Citizenship/State of Incorporation/Organization: <u>Indiana</u>	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)
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4/20/2001 10:42:11 00000133 713700  
 01 FD:481 40:00 OF  
 02 10:48

**FOR OFFICE USE ONLY**

All documents to be recorded with required cover sheet(s) information to:  
 Commissioner of Patents and Trademarks, Box Assignments, Washington D.C., 20231

**TRADEMARK**  
**REEL: 002277 FRAME: 0219**

FORM PTO-1618B

Expires 6-30-99, OMB 0651-0027

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number  
(317) 634-3456

Name **Harold R. Woodard**

Address (line 1) **Woodard, Emhardt, Naughton, Moriarty & McNett**

Address (line 2) **111 Monument Circle, Suite 3700**

Address (line 3) **Bank One Center/Tower**

Address (line 4) **Indianapolis, Indiana 46204-5137**

**Pages** Enter the total number of pages of the attached conveyance document including any attachments.

# 1

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

713,768

713,769

747,085

759,403

**Number of properties** Enter the total number of properties involved

# 4

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$ 115.00

Method of Payment:

Deposit Account

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account):

Deposit Account Number: 20-3030

Authorization to charge additional fees:

Yes

No

**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. Charges to deposit account are authorized, as indicated herein.

Harold R. Woodard

*Harold R. Woodard*

4-2-01

**Name of Person Signing**

**Signature**

**Date**

ASSIGNMENT OF TRADEMARKS

Assignor      Klincher Locknut Corporation (an Indiana Corporation)  
(Seller)      2030 N. Oxford Street  
                 Indianapolis, IN 46218

Referred to as Klincher Locknut Corporation of  
Indianapolis, Indiana on the Registrations listed below.

Assignee      Dual Machine Corporation (an Indiana Corporation)  
(Buyer)      1951 Bloyd Avenue  
                 Indianapolis, IN 46218

Seller and Buyer are contemporaneously entering into an  
Assets Purchase Agreement of even date.

Seller assigns to Buyer all of Seller's rights, title and  
interest in and to all of Seller's trademarks, all registrations  
thereof, U.S. and Foreign, and the goodwill associated with the  
trademarks, including particularly the marks and United States  
registrations listed below:

<u>Marks</u>	<u>Registrations</u>
Locknut Design	747,085 Registered 3/19/63
Locknut Design	759,403 Registered 10/29/63
Klincher	713,768 Registered 4/11/81
KL	713,769 Registered 4/11/81

Dated this 16 day of March, 1998.

KLINCHER/LOCKNUT CORPORATION

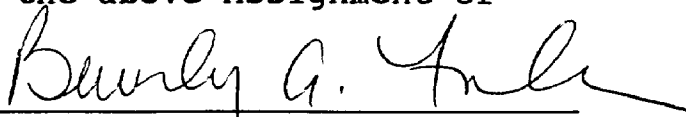
BY: 

Title

STATE OF INDIANA    )  
                                  ) SS:  
COUNTY OF MARION    )

Subscribed and Sworn to before me a Notary Public personally  
appeared an Officer of Klincher Locknut Corporation who on this  
\_\_\_ day of March, 1998 executed the above Assignment of  
Trademarks.

My Commission Expires:  
5/24/98

  
Beverly A. Forbes  
A resident of Marion County, IN

James Atlas, #2471-49  
Attorney at Law  
One Virginia Avenue, Suite 600  
Indianapolis, IN 46204 (317) 634-2200