

12-06-2001



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**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

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

**Submission Type**

- New
- Resubmission (Non-Recordation)  
Document ID #
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

**Conveyance Type**

- Assignment  License
  - Security Agreement  Nunc Pro Tunc Assignment
  - Merger  Change of Name
  - Other
- Effective Date  
Month Day Year

**Conveying Party**

Mark if additional names of conveying parties attached

Name  Execution Date  
Month Day Year

Formerly

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other

Citizenship/State of Incorporation/Organization

**Receiving Party**

Mark if additional names of receiving parties attached

Name

DBA/AKATA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City State/Country Zip Code

- Individual  General Partnership  Limited Partnership  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 should be attached. (Designation must be a separate document from Assignment.)
- Corporation  Association
- Other

Citizenship/State of Incorporation/Organization

12/06/2001 LNUELLER 00000033 0795435

FOR OFFICE USE ONLY

01 FC:481 40.00 OP  
02 FC:482 75.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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

**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

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

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

#

**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)

|                      |                      |                      |  |  |  |
|----------------------|----------------------|----------------------|--|--|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="0,795,435"/> | <input type="text" value="0,795,434"/> | <input type="text" value="0,795,433"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="0,795,432"/> | <input type="text"/>                   | <input type="text"/>                   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                   | <input type="text"/>                   | <input type="text"/>                   |

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

#

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment: Enclosed  Deposit Account

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

Deposit Account Number: #

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.

Scott S. Havlick, Esq.

Nov. 15, 2001

Name of Person Signing

Signature

Date Signed

# TRADEMARK ASSIGNMENT

WHEREAS, El Dorado Chemical Company, an Oklahoma corporation, is the owner of the following trademarks/service marks and registrations:

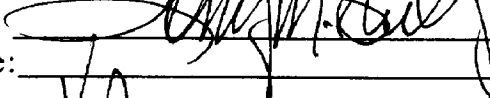
| Mark   | Registration<br>or<br>Application No. |
|--------|---------------------------------------|
| M-PEL  | 795,435                               |
| M-PAK  | 795,434                               |
| M-POWR | 795,433                               |
| M-PULZ | 795,432                               |

WHEREAS, Orica USA Inc., a Delaware corporation, having an office and principal place of business at 9781 South Meridian Boulevard, Suite 400, Englewood, Colorado, 80112, wishes to acquire the entire right, title, interest in and to said trademarks/service marks and said registrations, and all rights of renewal thereof, together with the goodwill of the business associated with and symbolized by said trademarks/service marks.

NOW THEREFORE, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, El Dorado Chemical Company has sold, assigned and set over and does hereby sell, assign, and set over unto Orica USA Inc., its successors, assigns, the entire right, title and interest to said trademarks/service marks and said registrations and all rights of renewal thereof, together with the goodwill of the business associated with and symbolized by said trademarks/service marks, and together with the right to sue for past infringement and to collect all damages or profits for past infringements for its own use and benefits.

Effective Date: NOVEMBER 1, 2001.

El Dorado Chemical Company, an Oklahoma corporation

By:   
Name: \_\_\_\_\_  
Title: V.P.

