

Form PTO-1594

U.S. DEPARTMENT OF COMMERCE

1-31-92

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

Patent and Trademark Office

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

1. Name of conveying party(ies):
Vidas, Arrett & Steinkraus
 Individual(s) Association
 General partnership Limited Partnership
 Corporation-State
 Other _____
Additional name(s) of conveying party(ies) attached? yes no

2. Name and address of receiving party(ies):
Name: 911 EMERGENCY PRODUCTS, INC.
Internal Address:
Street Address: 25 - 6th Avenue North
City: St. Cloud State: MN Zip: 56303

3. Nature of Conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other Satisfaction of Attorney Lien
Execution Date: 9/12/2002

Individual(s) citizenship _____
 Association _____
 General partnership _____
 Limited partnership _____
 Corporation-state Minnesota
 Other _____
If assignee is not domiciled in the U.S., a domestic representative designation is attached: Yes No
(Designation must be a separate document from Assignment).
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s): SEE ATTACHED LIST

A. Trademark Application No.(s)
SEE ATTACHED LIST

B. Trademark registration No.(s)
SEE ATTACHED LIST

Additional numbers attached? yes no

5. Name and address of party to whom correspondence concerning document should be mailed:
Edwin E. Voigt II, Esq.
VIDAS, ARRETT & STEINKRAUS, P.A.
Suite 2000
6109 Blue Circle Drive
Minnetonka, MN 55343-9131

6. Total number of applications and registrations involved : 9

7. Total fee (37 CFR 3.41):..... \$360.00
 Enclosed
 Authorized to be charged to deposit account

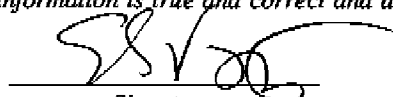
8. Deposit Account Number: 22-0350
(Attach duplicate of this page if paying by deposit account)

DO NOT USE THIS SPACE

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.

Edwin E. Voigt II
(name of person signing)


Signature

9/25/2002
Date

Total number of pages including cover sheet, attachments, and document: 5

OMB No. 0651-011 (exp. 4/94)

Do not detach this portion

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

TRADEMARK LIST

FILE NO.	TITLE	FILING DATE	SER. NO.	ISSUE DATE	ISSUE NO.
N47.4-8213US	FIRST IN LED'S... THE SOLID STATE WARNING LIGHT EXPERTS	7/19/1999	75/751298		
N47.4-8212US	911 FEP 7 DESIGN	7/19/1999	75/753561	5/21/2002	2571880
N47.4-8400US	TD56 AND DESIGN	9/29/1999	75/810838	5/21/2002	2571915
N47.4-8399US	LS15 AND DESIGN	9/29/1999	75/810887	5/28/2002	2574232
N47.4-8398US	M AND DESIGN	9/29/1999	75/810824	10/9/2001	2496993
N47.4-8397US	MILLENNIUM LED LIGHT BAR	9/29/1999	75/811026		
N47.4-9205US	FIST IN LED'S... THE SOLID STATE WARNING LIGHT LEADER	6/14/2000	78/012685	7/31/2001	2473795
N47.4-9979US	TD30 TRAFFIC DIRECTOR 30	10/23/2001	76/329753	8/6/2002	2604686
N47.4-9835US	TD30 AND DESIGN	10/23/2001	76/329754	7/9/2002	2591539

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY.

A. NAME & PHONE OF CONTACT AT FILER (optional)
612-339-0522

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

William I. Kampf
Kampf & Associates, PA
821 Marquette Ave, Ste 901
Minneapolis MN 55402

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
20023791688

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in respect to changing the name/address of a party. **DELETE name:** Give record name to be deleted in item 6a or 6b. **ADD name:** Complete item 7a or 7b, and also item 7c, also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. SEE INSTRUCTIONS ADDL. INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
Describe collateral deleted or added, or give entire restored collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor who is adding collateral or adding the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Vidas, Arrett & Steinkraus

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

KAMPF & ASSOCIATES, P.A.
ATTORNEYS AT LAW

Telephone:
612-339-0522
Facsimile:
612-339-0273
Writer's Direct E-mail:
psteinke@kampf.com

901 Foshay Tower
821 Marquette Avenue South
Minneapolis, MN 55402

William I. Kampf
Mary L. Cox
Joel D. Nessel
Jamie R. Pierce
Legal Assistant: Pat Steinke

September 12, 2002

Secretary of State
State of Minnesota
180 State Office Building
100 Constitution Avenue
St. Paul MN 55155

Patent and Trademark Office
Office of Public Affairs
Crystal Park Two, Suite 0100
Washington DC 22202

To Whom It May Concern:

Please file and record the enclosed UCC-3 Financing Statement. The appropriate fees have been enclosed if needed. Please send confirmation of the completed filing to the address on this letter.

Thank you.

Sincerely,



Pat Steinke
Legal Assistant

Enclosures