

Form PTO-1594

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE

(Rev. 03/01)

TRADEMARKS ONLY

U.S. Patent & Trademark Office

OMB No. 0651-0027 (exp. 6/30/2005)

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

<p>1. Name of conveying party(ies):</p> <p style="text-align: center;">Eagle-Picher Minerals, Inc.</p> <p><input type="checkbox"/> Individual(s)                      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership              <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation-State (Nevada)  <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached?  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: <u>Eagle-Picher Filtration &amp; Minerals, Inc.</u>  Internal Address: <u>Suite 1000</u>  Street Address: <u>9785 Gateway Drive</u>  City: <u>Reno</u>      State: <u>Nevada</u>      Zip: <u>89511</u></p> <p><input type="checkbox"/> Individual(s) Citizenship _____  <input type="checkbox"/> Association _____  <input type="checkbox"/> General Partnership _____  <input type="checkbox"/> Limited Partnership _____  <input checked="" type="checkbox"/> Corporation-State <u>Nevada</u>  <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes    <input type="checkbox"/> No  (Designations must be a separate document from assignment)  Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment                      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement              <input checked="" type="checkbox"/> Change of Name  <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>November 5, 2002</u></p>	<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s) <u>76/479115</u></p> <p>B. Trademark Registration No.(s)</p> <p>Additional number(s) attached    <input type="checkbox"/> Yes              <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Sarah Otte Graber, Esq.</u>  Internal Address: <u>Wood, Herron &amp; Evans, L.L.P.</u>  <u>2700 Carew Tower</u>  Street Address: <u>441 Vine Street</u>  City: <u>Cincinnati</u> State: <u>Ohio</u> Zip: <u>45202</u></p>	<p>6. Total number of applications and trademarks involved: ..... <u>1</u></p> <p>7. Total fee (37 CFR 3.41): ..... <u>\$40.00</u>  <input type="checkbox"/> Enclosed  <input checked="" type="checkbox"/> Authorized to be charged to deposit account if deficiencies occur</p> <p>8. Deposit Account number: <u>23-3000</u>  (Attach duplicate copy of this page if paying by deposit account)</p>

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.

Sarah Otte Graber, Esq.

Name of Person Signing

*Sarah O. Graber*  
Signature

June 20, 2003

Date

Total number of pages including cover sheet, attachments, and document: 1

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CH \$40.00 233000 76479115

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PATENT, TRADEMARK, COPYRIGHT  
 AND UNFAIR COMPETITION LAW  
 AND RELATED LITIGATION

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June 20, 2003

**FACSIMILE COVER SHEET**

To: U.S. Patent and Trademark Office  
 Assignment Branch

From: Sarah Otte Graber

Fax: 703-306-5995

Re: Change of Name-Recordation Form  
 EAGLE-PICHER FILTRATION &  
 MINERALS, INC.  
 Our File: EPI-114

Pages: 2 (including cover sheet)

**MESSAGE/COMMENTS**

Attached is a Form PTO-1594 Recordation Form Cover Sheet for a Change of Name for the Trademark Application Numbers listed. Please process this Change of Name Recordation as requested and charge the appropriate fee to our Deposit Account as indicated.

If you have any questions, please call me at 513-241-2324. Thank you for your assistance with this matter.

Very truly yours,

  
 Sarah Otte Graber

SOG:alf  
 Attachments

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