

To the Honorable Commissioner of Patents



102380086

Attached original documents or copy thereof.

<p>1. Name of Conveying party(ies): Sauquoit Industries, Inc. 3.3.03</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 <input type="checkbox"/> Other -</p> <p>Additional name(s) of conveying party(ies) attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. Name and address of receiving party(ies): Name: <u>Noble Fiber Technologies, Inc.</u> Street Address: <u>421 South State Street</u> City: <u>Clarks Summit</u> State: <u>PA</u> ZIP <u>18411</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>Pennsylvania</u> <input type="checkbox"/> Other (entity type) _____</p>
<p>3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other</p> <p>Execution Date: <u>October 29, 2002</u></p>	<p>If assignee is not domiciled in the United States, a domestic representative is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

4. Application number(s) or registration number(s):

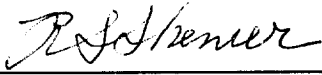
A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) 962,315
1,852,431

Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence should be mailed:</p> <p>Name: <u>Shenier & O'Connor</u> Internal Address: _____ Street Address: <u>1077 Northern Boulevard</u> City: <u>Roslyn</u> State: <u>NY</u> ZIP: <u>11576</u></p>	<p>6. Total number of applications and registrations involved: <u>2</u></p> <p>7. Total fee (37 CFR 3.41): \$ <u>65.00</u> (Total \$105.00) <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <u>19-1850</u></p>
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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.

Richard S. Shenier  February 24, 2003
Name of Person Signing Signature Date

Total number of pages comprising cover sheet: 2

