

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

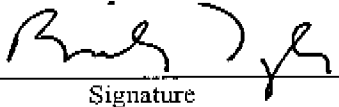
1. Name of conveying party(ies): <p style="text-align: center;">GEOTRONICS AKTIEBOLAG</p> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation: SWEDEN <input type="checkbox"/> Other: Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Name: SPECTRA PRECISION AB Internal Address: Street Address: BOX 64 City: 182 11 DANDERYD Country: SWEDEN Zip: <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: SWEDEN <input type="checkbox"/> Other: 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) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: APRIL 23, 1998	

4. Application number(s) or registration number(s): A. Trademark Application No.(s)	B. Trademark Registration No.(s) <p style="text-align: center;">614,798; 1,908,259; 1,399,033</p> Additional number(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5. Name and address of party to whom correspondence concerning document should be mailed: <p style="text-align: center;">Attn.: Brewster Taylor LARSON & TAYLOR, PLC Suite 900 1199 North Fairfax Street Alexandria, Virginia 22314-1437</p>	6. Total number of applications and registrations involved: 3 7. Total fee (37 CFR 3.41) \$90 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to Credit Card (attached form) 8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account.)
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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.

Brewster Taylor _____ Name of Person Signing	 _____ Signature	OCTOBER 7, 2004 _____ Date
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Total number of pages including cover sheet, attachments, and document: 1

Mail documents to be recorded with required cover sheet information to:
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