

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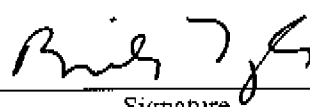
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<b>1. Name of conveying party(ies):</b>  <p style="text-align: center;"><b>SPECTRA PRECISION AB</b></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: <b>SWEDEN</b> <input type="checkbox"/> Other: Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2. Name and address of receiving party(ies):</b>  Name: <b>SAROPH SWEDEN AB</b> Internal Address: <b>PYRAMIDBACKEN 3</b> Street Address: City: <b>SE- 141 75 KUNGENS KURVA</b> Country: <b>SWEDEN</b> 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: <b>SWEDEN</b> <input type="checkbox"/> Other:  If assignee is not domiciled in the United States, a domestic representative designation is attached: <input checked="" 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
<b>3. Nature of conveyance:</b>  <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: <b>AUGUST 18, 2000</b>	

<b>4. Application number(s) or registration number(s):</b>  A. Trademark Application No.(s)	B. Trademark Registration No.(s) <p style="text-align: center;"><b>614,798; 1,908,259; 1,399,033</b></p> Additional number(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>5. Name and address of party to whom correspondence concerning document should be mailed:</b>  <p style="text-align: center;">Attn.: Brewster Taylor  <b>LARSON &amp; TAYLOR, PLC</b>          Suite 900          1199 North Fairfax Street          Alexandria, Virginia 22314-1437</p>	<b>6. Total number of applications and registrations involved:</b> ..... <b>3</b>  <b>7. Total fee (37 CFR 3.41)</b> ..... <b>\$90</b>  <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to Credit Card (attached form)  <b>8. Deposit account number:</b> _____ (Attach duplicate copy of this page if paying by deposit account.)
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<b>9. Statement and signature.</b> <i>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.</i>		
Brewster Taylor _____ Name of Person Signing	 _____ Signature	OCTOBER 7, 2004 _____ Date
Total number of pages including cover sheet, attachments, and document: <u>1</u>		

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