

05-10-2002

Substitute Form PTO-1594
Attorney Docket No.: 07058-003001

REC



ET

102085892

RE 2/5/02

Commissioner for Trademarks: Please record the attached copies of an original document.

<p>1. Name of conveying party: Pacific Laser</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input checked="" type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation—State <input type="checkbox"/> Other _____</p> <p>Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party: PLS • Pacific Laser Systems 2656 Bridgeway Sausalito, CA 94965</p> <p><input type="checkbox"/> Individual(s) Citizenship _____ <input type="checkbox"/> Association _____ <input checked="" type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation—State _____ <input type="checkbox"/> Other _____</p> <p>If the assignee is not domiciled in the United States, a domestic representative designation is attached. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" 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: August 11, 1995</p>	<p>4 Application number(s) or trademark number(s):</p> <p>A. Trademark Application No(s):</p> <p>B. Trademark No(s): 1,956,752</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5 Name/address of party to whom correspondence concerning document should be mailed:</p> <p>ROSE A. HAGAN Fish & Richardson P.C. 500 Ygnacio Valley Road, Suite 260 Walnut Creek, California 94596</p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR §3.41): \$40</p> <p><input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to charge Deposit Account.</p> <p>8. Deposit Account No.: 06-1050</p> <p>Please apply any additionally charges, or any credits, to our Deposit Account No. 06-1050.</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 the attached is a true copy of the original document.*

Rose A. Hagan
Name of Person Signing

Rose A Hagan
Signature

4-17-02
Date

Total number of pages including cover sheet, attachments, and document: 3

50077383

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513.

April 17, 2002
Date of Deposit

Kimberly Heldt
Signature

Kimberly Heldt
Typed Name of Person Signing Certificate

TRADEMARK

REEL: 002502 FRAME: 0743



REC [REDACTED] ET

Substitute Form PTO-1594
Attorney Docket No.: 07058-003001

02-05-2002

Please record the attached copies of an original document.

U.S. Patent & TMO/TM Mail Rcpt Dt. #58

1. Name of conveying party: Pacific Laser <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input checked="" type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation—State <input type="checkbox"/> Other _____ Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party: PLS • Pacific Laser Systems 2656 Bridgeway Sausalito, CA 94965 <input type="checkbox"/> Individual(s) Citizenship _____ <input type="checkbox"/> Association _____ <input checked="" type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation—State _____ <input type="checkbox"/> Other _____ If the assignee is not domiciled in the United States, a domestic representative designation is attached. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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Rose A. Hagan
Name of Person Signing

Rose A. Hagan
Signature

1-31-02
Date

Total number of pages including cover sheet, attachments, and document: 3

50077383

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JANUARY 31, 2002
Date of Deposit

Kimberly Heldt
Signature

Kimberly Heldt
Typed Name of Person Signing Certificate

TRADEMARK

REEL: 002502 FRAME: 0744

**PROOF OF PUBLICATION
(2015.5 C.C.P.)**

Pacific Laser Systems
William Hersey Inc.
Rudy R & D Inc.

STATE OF CALIFORNIA
County of Marin } SS

I am a citizen of the United States and a resident of the County aforesaid; I am over the age of eighteen years, and not a party to or interested in the above matter. I am the principal clerk of the printer of the MARIN INDEPENDENT JOURNAL, a newspaper of general circulation, printed and published daily in the County of Marin, and which newspaper has been adjudged a newspaper of general circulation by the Superior Court of the County of Marin, State of California, under date of FEBRUARY 7, 1955, CASE NUMBER 25568; that the notice, of which the annexed is a printed copy (set in type not smaller than nonpareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to-wit:

August 16, 23, 30, September 6,

all in the year 19 95

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Marge Ferrari
Marge Ferrari Signature

Dated this 6th day of September 19 95

This space is for the County Clerk's Filing Stamp

FILED

SEP 06 1995

HOWARD HANSON
MARIN COUNTY CLERK
N. TURNER

By _____
DEPUTY

Proof of Publication of

FBN File No. 166941

**FICTITIOUS BUSINESS
NAME STATEMENT
COUNTY OF MARIN
File No. 166941**
The following persons are doing business as:
PLS.PACIFIC LASER SYSTEMS
449, Coloma Street
Sausalito, CA 94965
WILLIAM HERSEY INC.
17 Bahr Lane
Corte Madera, CA 94925
RUDY R & D INC.
2065 Newcomb Ave.
San Francisco, CA 94127
This business is conducted by general partnership.
D. MICHAEL TRAMONHN
FILED: Aug. 11, 1995
HOWARD HANSON
Marin County Clerk
By P. MARTINI, Deputy
No. 1562 Aug. 16, 23, 30, Sept. 6, 1995

PROOF OF PUBLICATION

**TRADEMARK
REEL: 002502 FRAME: 0745**

FICTITIOUS BUSINESS NAME STATEMENT
 COUNTY OF MARIN-OFFICE OF THE COUNTY CLERK
 ROOM 247, HALL OF JUSTICE-P.O. BOX "E"
 SAN RAFAEL, CA 94913-3904

FOR OFFICE USE ONLY
FILED

JUL 27 2000

MICHAEL J. SMITH
 MARIN COUNTY CLERK

By N. TURNER
 Deputy

FILING FEE:

\$27.00 for one business name that includes one registrant/owner name.
 \$ 7.00 for each additional registrant/owner or additional business name.

PLEASE TYPE OR PRINT IN DARK INK. PRESS FIRMLY WITH BALL POINT PEN. SEE REVERSE SIDE FOR INSTRUCTIONS.

1 First filing or Renewal with changes (both must publish)
 Newspaper for publication: _____
 Renewal filing. If there are no changes since the last filing, a publication is not required.
 2 Business original start or change date: NA 8-11-95 or n/a.

File No. 187064
 NOTICE: This statement expires on: 7-27-2005
 A new FBN statement must be filed before the expiration date.
 The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state or common law. (See Sect. 14400 et seq. B&P Code)

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

3 Fictitious Business Name(s) <u>PLS. PACIFIC LASER SYSTEMS</u>	Daytime Phone <u>415-209-9780</u>		
4 Street Address (P.O. Box not acceptable) <u>449 COLOMA ST.</u>	City <u>SAUSALITO,</u>	State <u>CA</u>	Zip Code <u>94965</u>
NAME OF REGISTRANT			(If Corp., show state of incorporation)
5 Last <u>WILLIAM HERSEY INC.</u>	First:	MI <u>CA</u>	
Residence Address (P.O. Box not acceptable) <u>17 BARK LN.</u>			City: <u>CORTE MADERA</u> State: <u>CA</u> Zip Code: <u>94925</u>
NAME OF REGISTRANT			(If corp., show state of incorporation)
6 Last <u>RUDY R&D, INC.</u>	First:	MI <u>CA</u>	
Residence Address (P.O. Box not acceptable) <u>2060 NEWCOMB AVE</u>			City: <u>SAN FRANCISCO</u> State: <u>CA</u> Zip Code: <u>94124</u>
NAME OF REGISTRANT			(If corp., show state of incorporation)
7 Last:	First:	MI	
Residence Address (P.O. Box not acceptable)			City: State: Zip Code:
NAME OF REGISTRANT			(If corp., show state of incorporation)
8 Last:	First:	MI	
Residence Address (P.O. Box not acceptable)			City: State: Zip Code:
9 CHECK ONLY ONE			
This business is conducted by:			
(a) <input type="checkbox"/> an individual	(d) <input type="checkbox"/> an unincorporated association other than a partnership	(g) <input type="checkbox"/> co-partners	(j) <input type="checkbox"/> other:
(b) <input checked="" type="checkbox"/> a general partnership	(e) <input type="checkbox"/> a corporation	(h) <input type="checkbox"/> husband & wife	(k) <input type="checkbox"/> limited liability company
(c) <input type="checkbox"/> a limited partnership	(f) <input type="checkbox"/> a business trust	(i) <input type="checkbox"/> joint venture	

10 SIGNATURE: [Signature]
 TYPED OR PRINTED NAME: C. M. HERSEY
 MAILING ADDRESS: 449 COLOMA ST.
SAUSALITO, CA 94965

11 FOR CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY
 CORPORATION NAME: _____
 SIGNATURE OF OFFICER: _____
 TYPED OR PRINTED NAME: _____
 TITLE: _____

FOR OFFICE USE ONLY

CERTIFICATION: I hereby certify that the foregoing is a correct copy of the original on file in my office.

MICHAEL J. SMITH, County Clerk By: _____ Deputy County Clerk.