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(Rev. 03/01)

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

OMB No. 0651-0027 (exp. 5/31/2002) 10267€	· · · · · · · · · · · · · · · · · · ·		
To the Honorable Commissioner of Patents and Trademarks: F	Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): ADEPTRA, INC. 1055 Washington Blvd 5th Floor Stamford, CT 06901 Individual(s) Association	2. Name and address of receiving party(ies)  Name: ADEPTRA, INC.  Internal Address: Street Address:		
General Partnership	City: Norwalk State: CT Zip: 0685		
Additional name(s) of conveying party(ies) attached? 🎴 Yes 🌄 No	Association  General Partnership		
3. Nature of conveyance:	Limited Partnership		
Assignment Merger	Corporation-State Delaware		
Security Agreement	Other		
Other Change of Address	If assignee is not domiciled in the United States, a domestic representative designation is attached:		
Execution Date: January 15, 2003	(Designations must be a separate document from assignment) Additional name(s) & address( es) attached? Yes No		
Additional number(s) att  5. Name and address of party to whom correspondence concerning document should be mailed:	tached Yes X No  6. Total number of applications and registrations involved:		
Name: Dinsmore & Shohl LLP	registrations involved.		
Internal Address:	7. Total fee (37 CFR 3.41)\$ 40.00		
	7. Total fee (37 CFR 3.41)\$ 40.00  Enclosed		
	7. Total lee (37 GFR 3.41)		
Street Address: One Dayton Centre - Suite 500	Enclosed		
Internal Address:	Enclosed  Authorized to be charged to deposit account		
Street Address: One Dayton Centre - Suite 500 One South Main Street  City: Dayton State: OH Zip: 45402	Enclosed  Authorized to be charged to deposit account  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account		
Street Address:  One Dayton Centre - Suite 500  One South Main Street  City: Dayton State: OH Zip: 45402  DO NOT USE	Enclosed  Authorized to be charged to deposit account  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account		
Street Address: One Dayton Centre - Suite 500 One South Main Street  City: Dayton State: OH Zip: 45402	Enclosed  Authorized to be charged to deposit account  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account THIS SPACE		
Street Address:  One Dayton Centre - Suite 500  One South Main Street  City: Dayton State: OH Zip: 45402  DO NOT USE  9. Statement and signature.  To the best of my knowledge and belief, the foregoing inform	Enclosed  Authorized to be charged to deposit account  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account THIS SPACE		
Street Address: One Dayton Centre - Suite 500 One South Main Street  City: Dayton State: OH Zip: 45402  DO NOT USE  9. Statement and signature. To the best of my knowledge and belief, the foregoing inform copy of the original document.  Kimberly Gambrel  Name of Person Signing	Enclosed  Authorized to be charged to deposit account  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account  THIS SPACE  nation is true and correct and any attached copy is a true		

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