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3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment Security Agreement Other Execution Date: <u>October 6, 1997</u>	

4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: A. Patent Application No.(s) <u>08/924,885</u> Additional numbers attached? <u>No</u>		B. Patent No.(s)
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5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>David A. Blumenthal</u> Internal Address: <u>FOLEY & LARDNER</u> Street Address: <u>3000 K Street, N.W., Suite 500</u> City: <u>Washington</u> , State: <u>D.C.</u> ZIP: <u>20007-5109</u>	6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 C.F.R. § 3.41). <u>\$40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>19-0741</u> (Attach duplicate copy of this page if paying by deposit account)
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*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.**for* Phillip J. Articola
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Signature
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DateTotal number of pages including cover sheet, attachments, and document: 2

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name and
address of
assignee

Technology Research Association of Medical and Welfare Apparatus

5-8, Shibakoen 3-chome, Minato-ku, Tokyo 105 Japan

(hereinafter ASSIGNEE) all right, title and interest for the United States, its territories and possessions in and to this invention relating to

title of
invention

METHOD OF DESIGNING DENTAL PROSTHESIS MODEL AND COMPUTER PROGRAM PRODUCT THEREFOR

as set forth in this United States Patent Application

check one

- ☐ executed concurrently herewith
- ☐ executed on _____
- ☒ Serial No. 08/924,885 Filed September 5, 1997

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Name: Masami BABA	Signature: <u>Masami BaBa</u>	Date: <u>October 6, 1997</u>
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
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