

04-07-1999



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RECORDATION FORM COVER SHEET  
PATENTS ONLY

3/29/99

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)  
Document ID#

Correction of PTO Error  
Reel #  Frame #

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Conveyance Type

Assignment  Security Agreement

License  Change of Name

Merger  Other

**U.S. Government**  
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Departmental File  Secret File

Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1)  Execution Date Month Day Year

Name (line 2)

**Second Party**

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Name (line 2)

Receiving Party

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Name (line 1)   If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

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Address (line 2)

Address (line 3)

City State/Country Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

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Mail documents to be recorded with required cover sheet(s) information to:  
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PATENT  
REEL: 9860 FRAME: 0429

**Correspondent Name and Address**      **Area Code and Telephone Number**

**Name**

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**Pages**      Enter the total number of pages of the attached conveyance document including any attachments.      #

**Application Number(s) or Patent Number(s)**       Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

| Patent Application Number(s)          |                      |                      | Patent Number(s)     |                      |                      |
|---------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text" value="08684766"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.      Month      Day      Year

**Patent Cooperation Treaty (PCT)**

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT       PCT       PCT

PCT       PCT       PCT

**Number of Properties**      Enter the total number of properties involved.      #

**Fee Amount**      Fee Amount for Properties Listed (37 CFR 3.41): \$

**Method of Payment:**      Enclosed       Deposit Account


**Deposit Account**  
(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees:      Yes       No

**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. Charges to deposit account are authorized, as indicated herein.*

John M. O'Meara            16 March 1999

Name of Person Signing      Signature      Date

**RECORDATION FORM COVER SHEET  
CONTINUATION  
PATENTS ONLY**

**Conveying Party(ies)**

Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Execution Date  
Month Day Year

Name (line 1) IAFRATE, GERALD J.

080596

Name (line 2)

Execution Date  
Month Day Year

Name (line 1)

Name (line 2)

Execution Date  
Month Day Year

Name (line 1)

Name (line 2)

**Receiving Party(ies)**

Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

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Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3) City State/Country Zip Code

Name (line 1)

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Address (line 1)

Address (line 2)

Address (line 3) City State/Country Zip Code

**Application Number(s) or Patent Number(s)**

Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

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# ASSIGNMENT OF INVENTION

For use of this form, see AR 27-80; the proponent agency is OTJAG

Title of Invention: MESOSCOPIC ELECTRONIC DEVICES WITH TAILORED ENERGY LOSS SCATTERING

Inventor(s): MITRA DUTTA, MICHAEL A. STROSCIO, GERALD J. IAFRATE, (KI WOOK KIM, YURI M. SIRENKO)

\*Application Serial No.: 08/684,766 Attorney Docket No.: CECOM 5200

\*Date Oath Executed: 1&5 August 1996 \*Filing Date: 17 July 1996

\*(Data not known at execution may be added for better identification.)

I(We), the undersigned inventor(s), in consideration of the rights of the Government of the United States acquired by virtue of the circumstances under which the above-entitled invention was made, hereby:

1. Assign to the Government of the United States of America, as represented by the Secretary of the Army, the entire right, title and interest throughout the United States, its Territories, Possessions, and Puerto Rico, in and to the above-entitled invention and application for patent and all Letters Patent issuing thereon, and any continuation, continuation-in-part or division of said application and any reissue or extension of said Letters Patent.

2. Agree to assign to the Government upon its request all right, title and interest in the invention in those foreign countries in which the Government, within eight months of the filing of the United States application for patent, determines to cause an application to be filed; provided that if the Government determines not to cause an application to be filed in any particular foreign country or fails to make such a determination, within the said eight months, all right, title and interest in the invention in such foreign country shall remain in me (us), subject to a nonexclusive, irrevocable, royalty-free license to the Government in any patent which may issue on the invention in such foreign country, including the power to issue sublicenses for use in behalf of the Government and/or in furtherance of the foreign policies of the Government.

3. Agree to provide any further information within my (our) knowledge and to execute any further documents necessary to the prosecution of patent applications on the invention, the prosecution and settlement of interferences and recording of title to patent applications and patents issuing thereon.

Signature of Inventor: Mitra Dutta  
(First name) (Middle Initial) (Last Name)

Duty Address: U.S. Army Laboratory Command  
2800 Powder Mill Road, Adelphi, MD 20783-1145  
(Locality) (County) (State)

Date: 8/1/96 Typed Name of Inventor: MITRA DUTTA

State of MARYLAND )  
 ) ss.  
County of MONTGOMERY )

On the above date MITRA DUTTA known to me to be the individual described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that he/she executed the same as his/her own free act and deed.

8/1/96

Angela Karen Acron  
(Signature of notary public) ANGELA KAREN ACRON

(SEAL)

My Commission expires on 1 AUGUST 1999

**SUPPLEMENTAL SIGNATURE SHEET**

For use of this form, see AR 27-80; the proponent agency is OTJAG

DOCKET NO. :  
CECOM 5200

Use this form with DA Forms 2873-R and 2874-R when additional signature blocks are needed.

**1. ASSIGNOR(s) OR LICENSOR(s) NAME(s)**

MITRA DUTTA  
MICHAEL A. STROSCIO  
GERALD J. IAFRATE

**2. APPLICATION SERIAL NUMBER**

08/684,766

**3. FILING DATE**

07/17/96

**4. TITLE OF INVENTION**

MESOSCOPIC ELECTRONIC DEVICES WITH TAILORED ENERGY LOSS SCATTERING

SIGNATURE OF INVENTOR: Michael Anthony Stroschio  
(First name) (Middle initial) (Last name)

DUTY ADDRESS: U.S. AMC, Army Research Office, ATTN: AMXRO-D,  
P.O. Box 12211, Research Triangle Park, NC 27709-2211

DATE SIGNED: MAS / August 96 INVENTOR'S TYPED NAME: MICHAEL A. STROSCIO  
.....

STATE OF North Carolina )  
COUNTY OF Durham ) SS.

On the above date MICHAEL A. STROSCIO known to me to be the individual described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed.

(SEAL)

Robert B. D. L.  
(Signature of notary public)

My Commission expires on Sep 5, 2000

**SIGNATURE OF INVENTOR:**

Gerald J. Iafate  
(First name) (Middle initial) (Last name)

DUTY ADDRESS: U.S. AMC, Army Research Office, ATTN: AMXRO-D,  
P.O. Box 1211, Research Triangle Park, NC 27709-2211

DATE SIGNED: August 5, 1996 INVENTOR'S TYPED NAME: GERALD J. IAFRATE  
.....

STATE OF North Carolina )  
COUNTY OF Durham ) SS.

On the above date GERALD J. IAFRATE known to me to be the individual described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed.

(SEAL)

Robert B. D. L.  
(Signature of notary public)

My Commission expires on Sept 5, 2000