

12.20.99		09/123,144	
FORM PTO-1619A OMB 0891-0027		U.S. Department of Commerce Patent and Trademark Office	
RECEIVED		PATENT	
1999 DEC 20 AM 9:10		01-06-2000	
QPR/FINANCE		101239559	
RECORDATION FORM COVER SHEET			
PATENTS ONLY			
TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).			
Submission Type		Conveyance Type	
<input checked="" type="checkbox"/> New		<input type="checkbox"/> Assignment <input type="checkbox"/> Security Agreement	
<input type="checkbox"/> Resubmission (Non-Recordation) Document ID#		<input type="checkbox"/> License <input type="checkbox"/> Change of Name	
<input type="checkbox"/> Correction of PTO Error Reel # Frame #		<input type="checkbox"/> Merger <input checked="" type="checkbox"/> Other CONFIRMATORY INSTRUM	
<input type="checkbox"/> Corrective Document Reel # Frame #		<input checked="" type="checkbox"/> U.S. Government (For Use ONLY by U.S. Government Agencies)	
		<input checked="" type="checkbox"/> Departmental File <input type="checkbox"/> Secret File	
Conveying Party(ies)		<input type="checkbox"/> Mark if additional names of conveying parties attached	
Name (line 1) MASSACHUSETTS INSTITUTE OF TECHNOLOGY		Execution Date Month Day Year 06 01 1999	
Name (line 2)			
Second Party		Execution Date Month Day Year	
Name (line 1)			
Name (line 2)			
Receiving Party		<input type="checkbox"/> Mark if additional names of receiving parties attached	
Name (line 1) NAVY, SECRETARY OF THE,		<input type="checkbox"/> 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.)	
Name (line 2) UNITED STATES OF AMERICA			
Address (line 1) OFFICE OF NAVAL RESEARCH			
Address (line 2) 800 NORTH QUINCY STREET			
Address (line 3) ARLINGTON VA		22217-5660	
Address (line 4)			
City		State/Country	
Zip Code			
Domestic Representative Name and Address			
Enter for the first Receiving Party only.			
Name A. DAVID SPEVACK			
Address (line 1) OFFICE OF NAVAL RESEARCH			
Address (line 2) OFFICE OF COUNSEL			
Address (line 3) 800 NORTH QUINCY STREET			
Address (line 4) ARLINGTON VA 22217-5660			
Address (line 5)			
Address (line 6)			
FOR OFFICE USE ONLY			

Public burden reporting for this form is estimated to be 15 minutes per form, including time for reviewing the document and gathering the data needed to complete the form. The Office of Management and Enterprise Information, Washington, D.C. 20501 and to the Office of Information Management, Office of Management and Enterprise Information, Washington, D.C. 20501. See OMB Information Collection Budget Package 0891-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENTS TO THIS ADDRESS.

REEL: 010466 FRAME: 0205

Correspondent Name and Address

Area Code and Telephone Number (703) 696-4009

Name JEAN TRUMAN

Address (line 1) OFFICE OF NAVAL RESEARCH

Address (line 2) OFFICE OF COUNSEL

Address (line 3) 800 NORTH QUINCY STREET

Address (line 4) ARLINGTON VA 22217-5660

Pages

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

1

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).

091231 Patent Application Number(s)

Patent Number(s)

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

PCT

PCT

PCT

only if a U.S. Application Number
has not been assigned.

PCT

PCT

PCT

Number of Properties

Enter the total number of properties involved.

1

#

No fee req'd

Fee Amount

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

Method of Payment:

Deposit Account

Enclosed ☐Deposit Account ☐

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

Deposit Account Number:

#

X

Statement and Signature

Authorization to charge additional fees:

Yes ☐No ☒

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.

THOMAS E. MCDONNELL

Name of Person Signing

Signature

Date

PATENT
REEL: 010466 FRAME: 0206

CONFIRMATORY INSTRUMENT

Application for: "Pyrolytic Chemical Vapor Deposition of Silicone Films"
Inventor(s): Karen K. Gleason et al.
Serial Number: 09/123,144
Filing Date: July 27, 1998
Grant/Contract No.: N00014-94-1-0908
Contractor: MASSACHUSETTS INSTITUTE OF TECHNOLOGY
MIT Case No.: 7616


The invention identified above is a "Subject Invention" under the Patent Rights clause included in Grant Number N00014-94-1-0908 with the U.S. Department of the Navy. This document is confirmatory of the nonexclusive, nontransferable, irrevocable, paid-up license granted to the Government under these contracts in this invention, patent application and any and all divisions or continuations, and any resulting patent, or reissues which may be granted thereon and of all other rights acquired by the Government by the referenced clause.

The Government is hereby granted an irrevocable power to inspect and make copies of the above-identified patent application.

Signed this 1 day of June, 1999 .

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

By


Jarmila Z. Hrbek
Patent Administrator and Office Manager
Technology Licensing Office

77 Massachusetts Avenue, Room NE25-230, Cambridge, MA 02139

RECORDED: 12/20/1999

PATENT
REEL: 010466 FRAME: 0207