| BOX ASSIGNMENTS                                                                                                                                      |                                                   | 01 -21 -2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DO NOT                                 | USE FOR TRADEMARKS                                 |  |  |
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| TO THE ASSISTANT CO<br>SIR: PLEASE RECORD                                                                                                            | THE ATTACHED OR.                                  | 101280716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | F.                                     |                                                    |  |  |
|                                                                                                                                                      | IG PARTY(IES) (ASSIGNORS(S                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VED 4                                  | 0                                                  |  |  |
| 1. Takeo YASUDA                                                                                                                                      |                                                   | 2. Mamoru l<br>4. Hidenori I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | P.T.                                               |  |  |
| 3. Junji HASEGAWA<br>5. Fuminori NAKAYA                                                                                                              |                                                   | 6. Yusuke S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 900                                                |  |  |
| 7. Toshiyuki IKEDA                                                                                                                                   |                                                   | 8. Takayuki                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 72.s                                               |  |  |
| ADDITIONAL NAME(S) OF CONVEYING PARTY(IES) ATTACHED? YES NO                                                                                          |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
|                                                                                                                                                      | IEE(S)) RECEIVING INTEREST:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
| NAME: TOSHIBA LIGHT                                                                                                                                  | ING & TECHNOLOGY CORPO                            | RATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                    |  |  |
| ADDRESS: 3-1, Higashis                                                                                                                               | shinagawa 4-chome, Shinagawa                      | ı-ku, Tokyo, Japan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                    |  |  |
| ADDITIONAL NAME(S)                                                                                                                                   | & ADDRESS(ES) ATTACHED?                           | ☐YES ⊠NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 09                                     | 472506                                             |  |  |
| 3. NATURE OF CONVE                                                                                                                                   | YANCE (DOCUMENT):                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
| (Submit herewith only document)                                                                                                                      | one document for recordation—                     | multiple copies of san                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne Assignment signed by                | different inventors is one                         |  |  |
|                                                                                                                                                      |                                                   | RT INTEREST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>EXEC. DATE:</b> December            | per 21, 1999                                       |  |  |
| ⊠ORIGINAL                                                                                                                                            | FACSIMILE/PHOTOG                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
|                                                                                                                                                      |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
| SECURITY                                                                                                                                             | MERGER ☐OTH<br>ON THE DECLARATION IF FILE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - IE DATES ON DECLAE                   | DATION AND                                         |  |  |
| ASSIGNMENT DIFFER                                                                                                                                    | SEE ATTY!) December 21, 1999                      | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | ATION AND                                          |  |  |
|                                                                                                                                                      | AT NO.(S). OTHERS ON ADDIT                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | Historian unanda a a a a a a a a a a a a a a a a a |  |  |
| A. PAT. APP. NO.(S)<br>series code/serial no                                                                                                         | if not in its                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | 1≤ INVENTOR<br>if not in item 1                    |  |  |
| New Application                                                                                                                                      | 265485                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
| 5. Name & Address of P<br>Concerning Documer                                                                                                         | Party to Whom Correspondence at Should be Mailed: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :R INVOLVED:<br>S <u>1</u> + PATS = TO | OTAL <u>1</u>                                      |  |  |
| Pillsbury Madison & Su                                                                                                                               | tro LLP                                           | 7. AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7. AMOUNT OF FEE ENCLOSED: (Code 581)  |                                                    |  |  |
| Intellectual Property Gr                                                                                                                             |                                                   | ABOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OTAL x \$40 = \$40                     |                                                    |  |  |
| 1100 New York Avenue,                                                                                                                                | NW                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
| Ninth Floor                                                                                                                                          | 2040                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
| Washington, DC 20005-<br>5.5ATTY DKT:                                                                                                                | 3918                                              | 8 IF ABOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FEE IS MISSING OR INA                  | DEQUATE CHARGE                                     |  |  |
| 5.5A111 DK1.                                                                                                                                         |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IENCY TO DEPOSIT ACC                   |                                                    |  |  |
| PMS 265485                                                                                                                                           | TLG39927                                          | UNDER OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | 265485                                             |  |  |
| MATTER NO.                                                                                                                                           | CLIENT REF.                                       | dup. sheet no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | required CLIENT N                      | O. MATTER NO.                                      |  |  |
|                                                                                                                                                      |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
| 9. STATEMENT AND S                                                                                                                                   | IGNATURE.                                         | The state of the s | · · ·                                  |                                                    |  |  |
| 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. |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
| the original document                                                                                                                                | •                                                 | 10. Total nui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | mber of pages including t              | his                                                |  |  |
|                                                                                                                                                      | D                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | attachments and docume                 |                                                    |  |  |
| En                                                                                                                                                   |                                                   | (do/not file d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | up. Cover sheet)                       |                                                    |  |  |
| 7                                                                                                                                                    | Signature /                                       | (do/not file d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                    |  |  |
| Attorney: Glenn J. Per                                                                                                                               | rry /                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                    |  |  |
| Reg. No. 28458                                                                                                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cember 27, 1999                        |                                                    |  |  |
| Atty/Sec: GJP/nlh                                                                                                                                    | TEL: (202) 861-3070                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | K: (202) 822-0944                      |                                                    |  |  |
|                                                                                                                                                      | FILE WITH PTO                                     | RETURN RECEIPT (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PA 1-103A)                             |                                                    |  |  |
|                                                                                                                                                      |                                                   | THE STATE OF THE S |                                        |                                                    |  |  |
|                                                                                                                                                      |                                                   | 72000 PALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                    |  |  |
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**PATENT REEL: 010509 FRAME: 0773** 

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Please return signed/recorded to:

Pillsbury Madison & Sutro LLP Intellectual Property Group Ninth Floor, East Tower 1100 New York Avenue, N.W. Washington, D.C. 20005-3918

USA Patent Appln. Sole or Joint

For Inventions made outside USA executed with or after application Atty. Dkt. PMS265485 TLG39927 Client Ref.

**NONPROVISIONAL** 

## **ASSIGNMENT** OF NONPROVISIONAL APPLICATION

**NONPROVISIONAL** 

In consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration paid to each of the undersigned, to wit: **INSERT** Takeo YASUDA Mamoru IKEDA (1)(2)NAME(S) OF Junji HASEGAWA Hidenori ITO INVENTOR(S) (5)Fuminori NAKAYA x box if continued on page 2 the receipt and sufficiency of which are hereby acknowledged by the undersigned who at the request of, hereby sell(s), assign(s) and transfer(s) unto: INSERT TOSHIBA LIGHTING & TECHNOLOGY CORPORATION NAME(S) OF 3-1, Higashishinagawa 4-chome, Shinagawa-ku, Tokyo, Japan ASSIGNEE(S) & ADDRESS(ES) (hereinafter designated "ASSIGNEE") the entire right, title and interest for the United States of America as defined in 35 U.S.C. 100, in the invention and all applications including any and all divisions, continuations, substitutes, and reissues thereof; and all resulting patents, known as TITLE OF SELF-BALLASTED FLUORESCENT LAMP INVENTION for which the undersigned executed an application for Letters Patents of the United States of America: (A) even date herewith NOTE  $\rightarrow \rightarrow$ (Complete (B) on line A, B and/or C) (C) in U.S. Appln. No. filed AND the undersigned hereby authorize(s) and request(s) the United States Commissioner of Patents and Trademarks to issue said Letters Patent to the said ASSIGNEE, for its interest as ASSIGNEE, its successors, assigns and legal representatives; the undersigned agree(s) that the attorney of record in said application shall hereinafter act on behalf of said ASSIGNEE; AND the undersigned hereby agree(s) to testify and execute any papers for ASSIGNEE, its successors, assigns and legal representatives, deemed essential by ASSIGNEE to ASSIGNEE'S full protection and title in and to the invention hereby transferred. NOTE & & The undersigned hereby authorize(s) Pillsbury Madison & Sutro LLP of the above address to insert hereon any further identification necessary or desirable for recordation of this document. **WITNESSES** INVENTOR(S) DATE SIGNED Jakeo Yasuda BO YASUDA Mamoru Skeda 1) Name: Mamoru Skeda 21/Dec./1999

Mamoru IKEDA

Junji Hasegawa 21/Dec./1999

Junji HASEGAWA

Aidenari Ito 21/Dec./1999

Hidenori ITO

Firminori Rakaya 21/December/1999

Firminori NAKAYA Name: Name: Name:

PAT-114 11/97

**PATENT** REEL: 010509 FRAME: 0774

Fuminori NAKAYA

Name:

## **ASSIGNMENT**

(Continued from page 1)

## LISTING OF ADDITIONAL INVENTORS

| (6)  | Yusuke SHIBAHARA | (7) Toshiyuki IKEDA |
|------|------------------|---------------------|
| (8)  | Takayuki FUJITA  | (9)                 |
| (10) |                  | (11)                |
| (12) |                  | (13)                |
| (14) |                  | (15)                |

## SIGNATURES OF ADDITIONAL INVENTORS/WITNESS/DATES SIGNED

|       | INVENTOR(S)                                                       | DATE SIGNED                | WITNESSES |
|-------|-------------------------------------------------------------------|----------------------------|-----------|
| 6)    | Jusuke Shibahara                                                  | 21/Dec./1999               |           |
| Name: | Yusuke SHIBAHARA                                                  | 21/Dec/1999<br>21/Dec/1999 |           |
| 7)    | Toshiyuki KEDA  Toshiyuki KEDA  Tokayahi Frigita  Takayuki FUJITA | 21/Dec/1999                |           |
| Name: | Toshiyuki IKEDA                                                   | 21/Dec/1999                |           |
| 8)    | Takayaki Frigita                                                  | 21/Dec/1999                |           |
| Name: | Takayuki FUJITA                                                   |                            |           |
| 9)    |                                                                   |                            |           |
| Name: |                                                                   |                            |           |
| 10)   | - A A A A A A A A A A A A A A A A A A A                           |                            |           |
| Name: |                                                                   |                            |           |
| 11)   |                                                                   |                            |           |
| Name: |                                                                   |                            |           |
| 12)   |                                                                   |                            |           |
| Name: |                                                                   |                            |           |
| 13)   |                                                                   |                            | 40-4      |
| Name: |                                                                   |                            |           |
| 14)   |                                                                   |                            |           |
| Name: |                                                                   |                            |           |
| 15)   |                                                                   |                            |           |

PAT-114 11/97

PATENT REEL: 010509 FRAME: 0775