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OF NONPROVISIONAL APPLICATION In consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration paid to each of the undersigned, to wit: (2) Masahiko OZEKI **INSERT** (1) Osamu HATTORI NAME(S) OF (3)x box if continued on page 2 INVENTOR(S) 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 KABUSHIKIKAISHA BARUDAN 20, aza-Tsukagoshi, ohaza-Jyosuiji, Ichinomiya-shi, NAME(S) OF Aichi-ken, 491-0004, 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 HEADGEAR FRAME APPARATUS INVENTION for which the undersigned executed an application for Letters Patents of the United States of America: NOTE $\rightarrow \rightarrow$ (A) X even date herewith (Complete (B) on line A, B and/or C) filed (C) in U.S. Appln. No. 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 legals 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. The undersigned hereby authorize(s) Pillsbury Madison & Sutro LLP of the above address to insert hereon any further identification necessary or desirable NOTE $\rightarrow \rightarrow$ for recordation of this document. 1): 1ASAHIKO 02EK/ Feb. 25, 2000 Kiyomi Hosokawa Name: Kiyomi Hosokawa Name: 3) Name: Name: Name:

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