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Name (line 2)	Der Angewandten Forschung E.V	1.		receiving party is not domiciled in the United States, an appointment
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Address (line 2)				(Designation must be a separate document from
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PATENT

REEL: 011188 FRAME: 0001

FORM PTO Expires 06/30/99 OMB 0651-0027	O-1619B Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT	
Correspond	lent Name and Address Area Code and Telephone Number 650-47		
Name	Michael A. Glenn		
Address (line 1)	3475 Edison Way, Suite L		
Address (line 2)	Menlo Park, CA 94025		
Address (line 3)			
Address (line 4)			
Pages	Enter the total number of pages of the attached conveyance document including any attachments.	# 1	
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	not been assigned.		
Number of Properties Enter the total number of properties involved. # 1			
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00			
Method of Payment: Enclosed Deposit Account X Deposit Account			
(Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: # 07-1445			
	Authorization to charge additional fees: Yes	X No	
Statement a	nd Signature		
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.			
Michael A. C	Glenn 1	10/18/00	
Name	of Person Signing Signature	Date	

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Address (line 3) Munchen Germany 80636	į			
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> PATENT REEL: 011188 FRAME: 0004

FORM PTO-1619B Expires 06/30/99 OMB 0651-0027	Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT	
Correspondent Name and Address	Area Code and Telephone Number	650-474-8400	
Name Michael A. Glenn			
Address (line 1) 3475 Edison Way, Suite L			
Address (line 2) Menlo Park, CA 94025			
Address (line 3)			
Address (line 4)			
Pages Enter the total number of including any attachmen	pages of the attached conveyance docu ts.	ment # [1	
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If this document is being filed together with a <u>new</u> F signed by the first named executing inventor.	Patent Application, enter the date the patent applica	tion was <u>Month Day Year</u>	
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	additional fees can be charged to the account.) Deposit Account Number:	# 07-1445	
	Authorization to charge additional fees:	Yes X No	
Statement and Signature			
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Michael A. Glenn	h	10/18/00	
Name of Person Signing	Signature	Date	

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