FORM PTO-1619A U.S. Department of Commerce DEC 0 1 2000 Patent and Trademark Office **PATENT** 12-26-2000 **INDICATION FORM COVER SHEET** 101560507 12-1-60 PATENTS ONLY TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(les) Submission Type Conveyance Type χ | Assignment χl New Security Agreement Resubmission (Non-Recordation) License Change of Name Document ID# Correction of PTO Error Merger Other Frame # Reel# U.S. Government (For Use ONLY by U.S. Government Agencies) Corrective Document Reel# Frame # Departmental File Secret File Mark if additional names of conveying parties attached Execution Date Conveying Party(ies) Month Day Year Name (line 1) 10/20/00 Nobuaki Kanayama Name (line 2) Execution Date Month Day Second Party 10/20/00 Name (line 1) Takahito Aoki Name (line 2) Mark if additional names of receiving parties attached **Receiving Party** If document to be recorded is an assignment and the Name (line 1) Dai Nippon Printing Co.. receiving party is not domiciled in the United Ichigaya-kagacho 1-chome, Shinjuku-ku States, an appointment of a domestic representative is attached. (Designation must be a Address (line 1) separate document from Assignment.) Address (line 2) 62-8001 Address (line 3) Tokyo-to Domestic Representative Name and Address Enter for the first Receiving Party only. Timothy J. Keefer Name Address (line 1) Wildman, Harrold, Allen & Dixon Address (line 2) 225 West Wacker Drive Chicago, Illinois Address (line 3) Address (line 4) FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20503. See OMB D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to: Commissioner of Patents and Trademarks, Box Assignments , Washington, D.C. 20231

00000141 09698578

40.00 DP

FORM PTO-16 Expires 06/30/99 OMB 0651-0027	of the state of th	RDATION FORM CONTINUAT PATENTS C			J.S. Department of Commerce Patent and Trademark Office PATENT
Conveying Pa	119(103)	Mark if addition	nal names of conveying p	parties attached	Execution Date Month Day Year
Name (line 1) Yu	ıtaka Matsumoto				10/20/00
Name (line 2)					Execution Date Month Day Year
Name (line 1)					
Name (line 2)					Execution Date  Month Day Year
Name (line 1)					
Name (line 2)					]
Receiving Par		P	Mark if additional names o	of receiving part	ies attached
,	eceiving Party(ies)				If document to be seed a
Name (line 1)					if document to be recorded is an assignment and the
Name (line 2)					receiving party is not domiciled in the United States, an appointment of a domestic representative
Address (line 1)					Is attached. (Designation must be a separate document from
Address (line 2)					Assignment.)
Address (line 3)	City		State/Country	Zip Co	de
Name (line 1)					If document to be recorded is an assignment and the receiving party is not
Name (line 2)					domiciled in the United States, an appointment of a domestic representative is
Address (line 1)					attached. (Designation must be a separate document from Assignment.)
Address (line 2)					
Address (line 3)	City		State/Country		Code
Enter either the	umber(s) or Patent N Patent Application Number or tent Application Numbe	the Paterit Number (	Mark if additional number of the months of t	umbers attached umbers for the s Patent Num	ber(s)

FORM PTO-1619B

Page 2



Name Timothy J. Keefer  Address (line 1) Wildman, Harrold, Allen & Dixon  Address (line 2) 225 West Wacker Drive  Address (line 3) Chicago, Illinois 60606  Address (line 4)  Pages Enter the total number of pages of the attached conveyance document including any attachments.  Application Number(s) or Patent Number(s) Mark if additional numbers attached Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).  Patent Application Number(s) Patent Number(s)  [1] If this document is being filed together with a new, Patent Application, enter the date the patent application was Menth Day Year signed by the first named executing inventor.  Patent Cooperation Treaty (PCT)  Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT PCT PCT PCT Number of Properties  Enter the total number of properties involved. # 1	OMB 0651-0027			PADEMARKO	PATENT
Address (ine 1)   Wildman, Harrold, Allen & Dixon  Address (ine 2)   225 West Wacker Drive  Address (ine 3)   Chicago, Illinois 60606  Address (ine 4)    Pages   Enter the total number of pages of the attached conveyance document including any attachments.  Application Number(s)   Mark if additional numbers attached enter of the Patent Application Number of the Patent Number (DO NOT ENTER BOTH numbers for the same property).  Patent Application Number(s)   Patent Number (DO NOT ENTER BOTH numbers for the same property).  Patent Application Number of the Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day   Year    If this document is being filed together with a_may, Patent Application, enter the date the patent application was   Month   Day    If this document	Corresponde	ent Name and Address	Area Code and Telep		01-2000
Address (line 2) 225 West Wacker Drive  Address (line 3) Chicago, Illinois 60606  Address (line 4) Pages Enter the total number of pages of the attached conveyance document including any attachments.  Application Number(s) or Patent Number(s) Mark if additional numbers attached Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).  Patent Application Number(s) Patent Number (DO NOT ENTER BOTH numbers for the same property).  Patent Application Number (s) Patent Number (DO NOT ENTER BOTH numbers for the same property).  Patent Number(s) Patent Number(s) Patent Application, enter the date the patent application was Month Day Year signed by the first named executing inventor.  Patent Cooperation Treaty (PCT) PCT	Name	Timothy J. Keefer			
Address (line 3)  Chicago, Illinois 60606  Address (line 4)  Pages	Address (line 1)	Wildman, Harrold, Aller	n & Dixon		
Pages Enter the total number of pages of the attached conveyance document including any attachments.  Application Number(s) or Patent Number(s)	Address (line 2)	225 West Wacker Drive			
Pages Enter the total number of pages of the attached conveyance document including any attachments.  Application Number(s) or Patent Number(s)	Address (line 3)	Chicago, Illinois 6060	)6		
Application Number(s) or Patent Number(s)	Address (line 4)				
Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).  Patent Application Number(s)  Patent Nu	Pages	· · · · · · · · · · · · · · · · · · ·	es of the attached con	veyance document	# 10
Patent Application Number(s)  Namber of Properties  Enter the total number of properties involved.  Pee Amount  Fee Amount for Properties Listed (37 CFR 3.41): \$40.00  Method of Payment: Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  Statement and Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.		• •	` '	<u> </u>	
If this document is being filed together with a new Patent Application, enter the date the patent application was igned by the first named executing inventor.  Patent Cooperation Treaty (PCT)  Enter PCT application number only if a U.S. Application Number PCT			tent Number (DO NOT ENTE		* *
If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.  Patent Cooperation Treaty (PCT)  Enter PCT application number only if a U.S. Application Number PCT	Pate	ent Application Number(s)	<del></del>	Patent Num	ber(s)
Patent Cooperation Treaty (PCT)  Enter PCT application number only if a U.S. Application Number PCT	09/698,578				
Patent Cooperation Treaty (PCT)  Enter PCT application number only if a U.S. Application Number PCT					
Patent Cooperation Treaty (PCT)  Enter PCT application number only if a U.S. Application Number PCT					
Enter PCT application number only if a U.S. Application Number PCT	If this document is signed by the first	being filed together with a <u>new</u> Patent t named executing inventor.	Application, enter the date t	he patent application was	Month Day Year
Enter PCT application number only if a U.S. Application Number PCT	Patent Coop	eration Treaty (PCT)	not	DCT	PCT
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 X Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number: # 23-2126  Authorization to charge additional fees: Yes X No  Statement and Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Ente	r PCT application number	PCI	PCI	] FOI
Fee Amount  Fee Amount for Properties Listed (37 CFR 3.41): \$40.00  Method of Payment: Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number:  Authorization to charge additional fees: Yes X No  Statement and Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.			PCT	PCT	PCT
Method of Payment: Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number:  Authorization to charge additional fees:  Yes No  Statement and Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.			I number of properties	involved. # 1	
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number:  Authorization to charge additional fees:  Yes No  No  Statement and Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Fee Amount	Fee Amount fo	or Properties Listed (3	7 CFR 3.41): \$ 40.0	0
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number:  Authorization to charge additional fees:  Yes No  No  Statement and Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.  Timothy J. Keefer, Reg. No. 35,567	Method (	of Payment: Enclos	sed X Deposit Ac	count	
Statement and Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.  Timothy J. Keefer, Reg. No. 35,567	D 14	Account	onal fees can be charged to t posit Account Number:	the account.)	2126
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.  Timothy J. Keefer, Reg. No. 35,567  Date		A	uthorization to charge ad	ditional fees: Yes	No No
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.  Timothy J. Keefer, Reg. No. 35,567  Date	Statement a	nd Signature			and any
Timothy J. Keefer, Reg. No. 35,567 Name of Person Signing Signature Date	To the	best of my knowledge and bel ed copy is a true copy of the or	ief, the foregoing infor riginal document. Cha	mation is true and co rges to deposit acco	unt are authorized, as
	Timothy J.	Keefer、Reg、No. 35,56 of Person Signing	Signature	)	/// <b>3)/29(1)</b> Date

Docket Number (Optional)

PTO/SB/15 (8-96)
Approved for use through 9/30/98. OMB 0651-0027
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

ASSIGNMENT OF APPLICATION	TJK/133
Whereas, I, Nobuaki KANAYAMA of Shinjuku-	-ku, Tokyo-to, Japan , hereafter
referred to as applicant, have invented certain new and useful impossing SHADOW MASK	rovements in
for which an application for a United States Patent was filed Application Number 09 / 698,578	d on10/27/2000,
for which an application for a United States Patent was exe	
Whereas, DAI NIPPON PRINTING CO., LTD of Jap	oan herein referred to
Whereas, DAI NIPPON PRINTING CO., LTD of 1-1, Ichigaya-kagac "assignee" whose post office address is Tokyo-to, 162-8001	cho 1-chome, Shinjuku-ku, Japanis de-
sirous of acquiring the entire right, title and interest in the same;	
Now, therefore, in consideration of the sum of dollars (	\$1.00_), the receipt whereof is ac-
knowledged, and other good and valuable consideration, I, the app	olicant, by these presents do sell, assign
and transfer unto said assignee the full and exclusive right to the sa	
entire right, title and interest in and to any and all Patents which may	be granted therefor in the United States,
I hereby authorize and request the Commissioner of Patents and	Trademarks to issue said United States
Patent to said assignee, of the entire right, title, and interest in and t	to the same, for his sole use and behoof;
and for the use and behoof of his legal representatives, to the full en	nd of the term for which said Patent may
be granted, as fully and entirely as the same would have been held	by me had this assignment and sale not
been made.	
Executed this 20th day of October	2000
atShinjuku-ku, Tokyo-to, Japan	
Login	(Signature)
State of	
Spal	(Notary Public)

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks Washington, DC 20231.

Seal

Docket Number (Optional)

PTO/SB/15 (8-96)
Approved for use through 9/30/98. OMB 0651-0027
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

	ASSIGNMENTO	FAPPLICATION	TJK/13	33
Whereas, I,	Takahito AOKI	of Shinjuku-	ku, Tokyo-to,	Japan , hereafte
referred to as	applicant, have invented	certain new and useful impr	ovements in	
SHADO	W MASK			
y for wh	nich an application for a U	Inited States Patent was filed	on <u>10/27/2000</u>	
Applic	cation Number 09 /6	98,578		
for wh	nich an application for a L	Inited States Patent was exe	cuted on	, and
Whereas, DAI	NIPPON PRINTING	CO.,LTD <sub>of</sub> Jap		herein referred t
		1-1, Ichigaya-kagac Tokyo-to, 162-8001	ho 1-chome, Sh Japan	iniuku ku
sirous of acqu	iring the entire right, title	and interest in the same;		
Now, therefore	e, in consideration of the	sum of <u>one</u> dollars (\$	1.00 ) the red	ceint whereat is as
		ible consideration, I, the app		
				_
		and exclusive right to the sa		
entire right, title	e and interest in and to ar	ny and all Patents which may	be granted therefor i	n the United States
I hereby autho	rize and request the Cor	mmissioner of Patents and T	rademarks to issue	said United States
Patent to said a	assignee, of the entire rig	ht, title, and interest in and to	o the same, for his so	ole use and behoof
and for the use	and behoof of his legal r	epresentatives, to the full en	d of the term for which	ch said Patent may
		ame would have been held t		•
peen made.	iony and onlinely do the c	amo would have been held t	y me naa tiis assigi	intent and sale not
	20+h	October		2000
Executed this _		day ofOctober	1	
at	Shinjuku-ku, Toky			·
		Taket	ito Stone	<u> </u>
State of	ν SS:		(Signature)	
County of	)			
Before me per	rsonally appeared said	ent to be his free act and dee	ed this	
day of				
			(NI=t==: Dishlic	•1
Seal			(Notary Public	·)

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

PTO/SB/15 (8-96)
Approved for use through 9/30/98. OMB 0651-0027
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Docket Number (Optional)

ASSIGNMENT	F OF APPLICATION	TJK/133
u.		
Whereas, I, Yutaka MATS	UMOTO of Shinjuku-ku	u, Tokyo-to, Japan , herea
	nted certain new and useful improv	
for which an application for Application Number 0	r a United States Patent was filed o	n_10/27/2000
<u> </u>	r a United States Patent was execu	ited on, and
Whereas, DAI NIPPON PRINTI	NG CO.,LTD <sub>of</sub> Japar	1
"assignee" whose post office addre	1 1 Tabiana kaanaha	herein referred 1 1-chome, Shinjuku-ku, apan is
sirous of acquiring the entire right,	title and interest in the same;	
Now, therefore, in consideration of	the sum of <u>one</u> dollars (\$	1.00), the receipt whereof is
knowledged, and other good and vi		
and transfer unto said assignee the		
entire right, title and interest in and t		
I hereby authorize and request the		
Patent to said assignee, of the entire		
and for the use and behoof of his leg		
be granted, as fully and entirely as the been made.	ie same would have been held by i	me had this assignment and sale n
2011	October	200000
Shinjuku-ku, To	day of	7.000
atat		
	Jutaka	motsumolo
State of SS:		(Signature)
County of)		
Before me personally appeared said	4	

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

**RECORDED: 12/01/2000** 

Seal

**PATENT REEL: 011354 FRAME: 0491** 

(Notary Public)