

FORM PTO-1619A  
Expires 06/30/99  
OMR 0651-0027

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U.S. Department of Commerce  
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PATENT



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101685639  
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Attorney Docket No. 01809700530

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- New
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- Corrective Document  
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**Conveyance Type**

- Assignment
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- Change of Name
- Other \_\_\_\_\_

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Name (line 1)  Execution Date  
 Month Day Year  
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**Second Party**

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Name (line 2)

6153410

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**PATENT**  
**REEL: 011700 FRAME: 0069**

**Correspondent Name and Address**

Area Code and Telephone Number

650-326-2400

Name Joe Liebeschuetz

Address (line 1) Townsend and Townsend and Crew LLP

Address (line 2) Two Embarcadero Center, 8<sup>th</sup> Floor

Address (line 3)

Address (line 4) San Francisco, CA 94111

**Pages**

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

# 3

**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)

6,153,410

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month Day Year

**Patent Cooperation Treaty (PCT)**

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT  PCT  PCT   
PCT  PCT  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  Deposit Account   
Deposit Account

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

Deposit Account Number:

# 20-1430

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.

Joe Liebeschuetz

March 26, 2001

Name of Person Signing

Signature

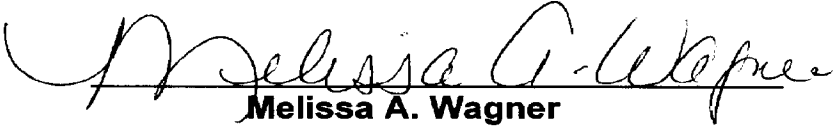
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**TRUE COPY**

TO ALL TO WHOM THESE PRESENTS SHALL COME,

I Do Hereby Certify that the annexed document(s) are TRUE COPIES of the original document(s) which I have compared.

at **Midland, Michigan 48674, USA**  
this 15<sup>th</sup> day of November 2000,



**Melissa A. Wagner**  
Office Professional  
THE DOW CHEMICAL COMPANY

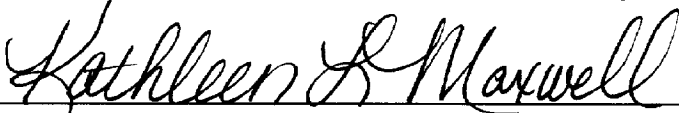
**NOTARIAL CERTIFICATE**

UNITED STATES OF AMERICA )  
STATE OF MICHIGAN ) SS  
County/Parish of MIDLAND )

On this 15<sup>th</sup> day of November 2000, personally appeared before me,

**Melissa A. Wagner**

known or identified to me to be the individual who executed the foregoing document and acknowledged the same as a free act and deed for uses and purposes therein expressed.



SEAL

Notary Public  
KATHLEEN L. MAXWELL  
NOTARY PUBLIC, MIDLAND COUNTY, MICHIGAN  
MY COMMISSION EXPIRES JANUARY 28, 2003

