

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

04-25-2001



U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

MAR 23 2001

3-7801

101685640  
PATENTS ONLY

EET

Attorney Docket No. 018097000530

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

**Submission Type**

- ☒ New  
☐ Resubmission (Non-Recordation)  
Document ID #   
☐ Correction of PTO Error  
Reel #  Frame #   
☐ Corrective Document  
Reel #  Frame #

**Conveyance Type**

- ☒ Assignment  
☐ License  
☐ Merger  
☐ Security Agreement  
☐ Change of Name  
☐ Other

**U.S. Government**

(For Use ONLY by U.S. Government Agencies)

- ☐ Departmental File  
☐ Secret File

**Conveying Party(ies)**

☐ Mark if additional names of conveying parties attached

Name (line 1)

Execution Date  
Month Day Year  
04 19 1998

Name (line 2)

**Second Party**

Name (line 1)

Execution Date  
Month Day Year

Name (line 2)

6153410

**Receiving Party**

☐ Mark if additional names of receiving parties attached

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

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 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. 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

**PATENT**  
**REEL: 011700 FRAME: 0073**

**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

**Name of Person Signing**

J. Liebeschuetz

**Signature**

March 26, 2007

**Date**

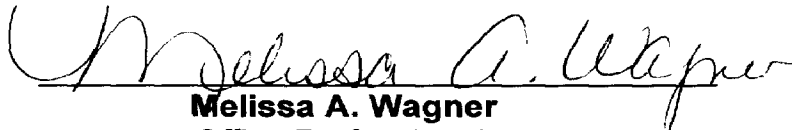
**TRUE COPY**

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 15th 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 15th 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.



Notary Public

KATHLEEN L. MAXWELL

NOTARY PUBLIC, MIDLAND COUNTY, MICHIGAN

MY COMMISSION EXPIRES JANUARY 28, 2003

SEAL

**PATENT**

**REEL: 011700 FRAME: 0075**

[illegible]

This Assignee Acceptance 440 is in the ENGLISH language and has the same meaning in other languages with the same 440 number.

FORM 440

**PATENT**  
**REEL: 011700 FRAME: 0076**

**This Notarial Certificate 550 is in the ENGLISH language and has the same meaning in other languages with the same 550 number.**

# NOTARIAL CERTIFICATE (Corporation)

UNITED STATES OF AMERICA )  
STATE OF Michigan ) SS  
County/Parish of Midland )

On this 9 day of April, 19 98, personally appeared  
before me, **STEPHEN S. GRACE, General Patent Counsel, THE DOW CHEMICAL  
COMPANY,**

known or identified to me to be the individual described in and who executed the foregoing document and acknowledged the same as a free act and deed for uses and purposes therein expressed by authority of the said Corporation incorporated under the laws of **the State of Delaware, United States of America.**

I further certify that said authority, dated **July 14, 1994**, is based on

**A Resolution of the Board of Directors of the said Corporation**

which I have seen, appointing the said individual **Attorney-in-fact** with full power to sign the foregoing document on behalf of the said corporation and that the purposes for which said document is granted are within the scope of the objects or activities of said corporation.

SEAL

Kathleen L. Maxwell  
Notary Public  
KATHLEEN L. MAXWELL

Notary Public

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