

FORM PTO-1595 (modified)

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Transmit the attached original documents or copies thereof.

1. Name of conveying party(ies):

Tetsuji HAYASHI

2. Name and address of receiving party(ies):

CALSONIC KANSEI CORPORATION
24-15, Minamidai 5-chome
Nakano-ku
Tokyo 164-8602, Japan

J1033 U.S. PTO
09/870740
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Additional conveying party(ies) NO

3. Nature of conveyance:

ASSIGNMENT

Execution Date:

28 May 2001

Additional name(s) & address(es) attached? NO

4. Application number(s) or patent number(s):

If this is being filed together with a new application, the execution date of the application is: 28 May 2001

A. Patent Application Number(s):

09870740

B. Patent Number(s):

Additional numbers attached? NO

5. Name and address of party to whom correspondence concerning document should be mailed:

Richard L. Schwaab
FOLEY & LARDNER
Washington Harbour
3000 K Street, N.W., Suite 500
Washington, D.C. 20007-5109

6. Total number of applications/patents involved: 1

7. Total fee (37 C.F.R. § 3.41): \$40.00

Check Enclosed

Charge to deposit account

8. Deposit account number: 19-0741

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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. The Commissioner is hereby authorized to charge any additional recordation fees which may be required in this matter to the above-identified deposit account.

Todd J Burns
for Richard L. Schwaab

Todd J Burns 38,011

June 1, 2001

Name of person signing

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Total number of pages including cover sheet, attachments, and document: 2

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For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, each undersigned inventor has sold and assigned, and by these presents hereby sells and assigns, unto

name and address of assignee

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24-15, Minamidai 5-chome, Nakano-ku
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DEVICE FOR PRESS-FITTING CATALYZER CORE BED INTO OUTER CASE

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names and signatures of inventors

Tetsuji Hayashi date 05/28/2001 _____ date _____
 Name: Tetsuji Hayashi Name: _____
 _____ date _____ _____ date _____
 Name: _____ Name: _____