(BEV 6-93)	09 - 28 - 2001 U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office
OMB No. 0651-011 (exp.4/94)	
To the Honorable Commissioner of Patents a	101859730 ginal documents or copy thereof.
Name of conveying party(ies):	Name and address of receiving party(ies):
Akira HASEBE Kenichi TSUCHIYA	Name: Director of National Institute of Agrobiological
Mitsuo HORITA	Internal Address: Resources Ministry of Agriculture
	Forestry and Fisheries
Additional name(s) of conveying party(ies) attached? [ ] Yes [ x ] No	
3. Nature of conveyance:	Street Address: 1-2, Kannondai 2-chome, Tsukuba-city
[ ] Assignment [ ] Merger	
[ ] Security Agreement [ $\chi$ ] Change of Name	City: Ibaraki-Pref.
[ ] Other	State/Country: JAPAN ZIP:
Execution Date: 5 2.5 0	Additional name(s) & address(es) attached? [ X ] Yes [ ] No
4. Application number(s) or patent number(s):	
If this document is being filed together with a new app	olication, the execution date of the application is:
A. Patent Application No.(s)	B. Patent No.(s)
Serial No. 09/790,045	
Additional Numbers	attached? [ ] Yes [ x ] No
5. Name and address of party to whom	6. Total number of applications and patents involved: [ 1 ]
correspondence concerning document	
correspondence concerning document should be mailed:	40.00
<b>.</b> .	7. Total fee (37 CFR 3.41)\$\$
should be mailed:	7. Total fee (37 CFR 3.41)\$\$
should be mailed:  Name: Gregory Turocy	7. Total fee (37 CFR 3.41)\$\$
should be mailed:  Name: Gregory Turocy  Internal Address:	7. Total fee (37 CFR 3.41)\$\$
should be mailed:  Name: Gregory Turocy  Internal Address:  Street Address: Amin & Turocy, L.L.P.	7. Total fee (37 CFR 3.41)\$\$
Street Address:  Amin & Turocy, L.L.P.  24th Floor, 1900 East 9th Street	7. Total fee (37 CFR 3.41)\$ 40.00  [X] Enclosed  [ ] Authorized to be charged to deposit account  8. Deposit account number:
should be mailed:  Name: Gregory Turocy  Internal Address:  Street Address: Amin & Turocy, L.L.P.  24th Floor, 1900 East 9th Street  City: Cleveland	7. Total fee (37 CFR 3.41)\$ 40.00  [X] Enclosed  [ ] Authorized to be charged to deposit account  8. Deposit account number:  50-1063
should be mailed:  Name: Gregory Turocy  Internal Address:  Street Address: Amin & Turocy, L.L.P.  24th Floor, 1900 East 9th Street  City: Cleveland  State: Ohio ZIP: 44114	7. Total fee (37 CFR 3.41)\$ 40.00  [X] Enclosed  [ ] Authorized to be charged to deposit account  8. Deposit account number:  50-1063  (Attach duplicate copy of this page if paying by deposit account)
should be mailed:  Name: Gregory Turocy  Internal Address:  Street Address: Amin & Turocy, L.L.P 24th Floor, 1900 East 9th Street  City: Cleveland  State: Ohio ZIP: 44114	7. Total fee (37 CFR 3.41)\$ 40.00  [X] Enclosed  [ ] Authorized to be charged to deposit account  8. Deposit account number:  50-1063
should be mailed:  Name: Gregory Turocy  Internal Address:  Street Address: Amin & Turocy, L.L.P 24th Floor, 1900 East 9th Street  City: Cleveland  State: Ohio ZIP: 44114	7. Total fee (37 CFR 3.41)\$ 40.00  [X] Enclosed  [ ] Authorized to be charged to deposit account  8. Deposit account number:  50-1063  (Attach duplicate copy of this page if paying by deposit account)
should be mailed:  Name:Gregory Turocy  Internal Address:  Street Address:  Street Address:  Amin & Turocy, L.L.P.  24th Floor, 1900 East 9th Street  City:Cleveland  State:OhioZIP:	7. Total fee (37 CFR 3.41)\$ 40.00  [X] Enclosed  [ ] Authorized to be charged to deposit account  8. Deposit account number: 50-1063  (Attach duplicate copy of this page if paying by deposit account)  OT USE THIS SPACE  information is true and correct and any attached copy is a true copy
Should be mailed:  Name: Gregory Turocy Internal Address:  Street Address: Amin & Turocy, L.L.P.  24th Floor, 1900 East 9th Street  City: Cleveland  State: Ohio ZIP: 44114  Do N  9. Statement and signature.  To the best of my knowledge and belief, the foregoing of the original document.	7. Total fee (37 CFR 3.41)\$ 40.00  [X] Enclosed  [ ] Authorized to be charged to deposit account  8. Deposit account number: 50-1063  (Attach duplicate copy of this page if paying by deposit account)  OT USE THIS SPACE
Should be mailed:  Name:Gregory Turocy Internal Address:  Street Address:Amin & Turocy, L.L.P.	7. Total fee (37 CFR 3.41)\$ 40.00  [X] Enclosed  [ ] Authorized to be charged to deposit account  8. Deposit account number: 50-1063  (Attach duplicate copy of this page if paying by deposit account)  OT USE THIS SPACE  information is true and correct and any attached copy is a true copy

Washington, D.C. 20231

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

## RECORDATION FORM COVER SHEET CONTINUATION PATENTS ONLY

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

Conveying Party(ies)  Mark if additional names of conveying parties attack	had	
Enter additional Conveying Parties  Mark if additional names of conveying parties attack  Enter additional Conveying Parties	Execution Date  Month Day Year	
Name (line 1)		
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 Party(ies) Wark if additional names of receiving	parties attached	
Enter additional Receiving Party(ies)	•	
Name (line 1) National Institute of Agrobiological Sciences	If document to be recorded is an assignment and the receiving party is not	
Name (line 2)	domiciled in the United States, an appointment	
Address (line 1) 1-2, Kannondai 2-chome, Tsukuba-city	of a domestic representative is attached. (Designation must be a separate document from	
Address (line 2)	Assignment.)	
Address (line 3) Ibaraki-Pref. JAPAN State/Country z	ip Code	
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	
Address (line 1)	domestic representative is attached. (Designation must be a separate document from	
Address (line 2)	Assignment.)	
Address (line 3)  City State/Country	Zip Code	
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		
Patent Application Number(s) Patent N	lumber(s)	
1	1	

PATENT REEL: 012010 FRAME: 0371

## **CERTIFICATE**

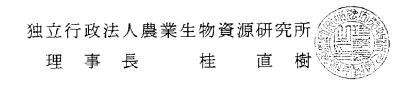
Date: May 25, 2001

National Institute of Agrobiological Sciences Director, KATSURA Naoki (stampted)

I hereby certify that according to the provision Sec.35(1)3 of Cabinet Order for Preparation and Processing Measures for the Enforcement of National Institute Law(No. 326 of the fiscal year 2000), the rights and duties designated by Minister of the Ministry of Agriculture, Forestry and Fisheries on March 15, 2001 to be succeeded from the state of Japan to National Institute of Agrobiological Sciences are patent rights, rights to obtain a patent, utility model rights, rights to obtain a utility model, trademark rights and rights from applications for a trademark registration which are owned by Director of National Institute of Agrobiological Resources Ministry of Agriculture Forestry and Fisheries or by Director of National Institute of Sericultural and Entomological Science Ministry of Agriculture Forestry and Fisheries.

PATENT REEL: 012010 FRAME: 0372 証 明書

平成 /3 年 5 月 25日



独立行政法人通則法等の施行に伴う関係政令の整備及び経過措置に関する政令(平成12年政令第326号)第35条第1項第3号の規定に基づき、国から独立行政法人農業生物資源研究所へ承継する権利及び義務として、平成13年3月15日に農林水産大臣が指定した特許権、特許を受ける権利、実用新案権、実用新案登録を受ける権利、商標権、商標登録出願により生じた権利は、すべて農林水産省の農業生物資源研究所長及び蚕糸・昆虫農業技術研究所長に係るものであることに相違ありません。

RECORDED: 07/13/2001

PATENT REEL: 012010 FRAME: 0373