

09-06-2001



101835300

8/17/01

RECORDATION FORM COVER SHEET  
PATENTS ONLY

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  Security Agreement

License  Change of Name

Merger  Other \_\_\_\_\_

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

Departmental File  Secret File

JC-857 U.S. PTO  
09/933476  
08/17/01

Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1) JOHN L. FITZ Execution Date Month Day Year 08 16 2001

Name (line 2) \_\_\_\_\_

Second Party

Name (line 1) DANIEL S. HINKEL Execution Date Month Day Year 08 16 2001

Name (line 2) \_\_\_\_\_

09/933476

Receiving Party

Mark if additional names of receiving parties attached

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.)

Name (line 1) U.S. GOVERNMENT AS REPRESENTED BY THE NATIONAL SECURITY

Name (line 2) AGENCY, THE

Address (line 1) ATTN: PATENT COUNSEL, OGC NATIONAL SECURITY AGENCY

Address (line 2) 9800 SAUSAGE ROAD SDE 6542

Address (line 3) FT MEADE MD / USA 20755-6542  
City State/Country Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name ATTN: PATENT COUNSEL, OGC

Address (line 1) NATIONAL SECURITY AGENCY

Address (line 2) 9800 SAUSAGE ROAD SDE 6542

Address (line 3) FT MEADE MD 20755-6542

Address (line 4) \_\_\_\_\_

FOR OFFICE USE ONLY

09/05/2001 TDIAZ1 00000302 140381 09933476  
01 FC:581 40.00 CH

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

**Correspondent Name and Address** Area Code and Telephone Number 301-688-0287

Name ATTN: PATENT COUNSEL, OGC

Address (line 1) NATIONAL SECURITY AGENCY

Address (line 2) 9800 SAVAGE ROAD STE 6542

Address (line 3) FT MEADE MD 20755-6542

Address (line 4)

**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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 08 Day 16 Year 2001

**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. # ONE

**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: # 14-0381

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.

ROBERT D. MORELL  
Name of Person Signing

Robert D. Morell  
Signature

08-17-2001  
Date

# RECORDATION FORM COVER SHEET CONTINUATION PATENTS ONLY

## Conveying Party(ies)

Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Name (line 1) SCOTT C. HORST

Name (line 2) \_\_\_\_\_

Name (line 1) HANS TOLK

Name (line 2) \_\_\_\_\_

Name (line 1) \_\_\_\_\_

Name (line 2) \_\_\_\_\_

Execution Date  
Month Day Year

08 16 2001

Execution Date  
Month Day Year

08 16 2001

Execution Date  
Month Day Year

\_\_\_\_\_

## Receiving Party(ies)

Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

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.)

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.)

Name (line 1) \_\_\_\_\_

Name (line 2) \_\_\_\_\_

Address (line 1) \_\_\_\_\_

Address (line 2) \_\_\_\_\_

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 the same property).

### Patent Application Number(s)


### Patent Number(s)


ASSIGNMENT (Government Employees)

TITLE OF INVENTION: METHOD OF COATING OPTICAL DEVICE FACETS  
WITH DIELECTRIC LAYER AND DEVICE MADE THEREFROM

INVENTORS: JOHN L. FITZ, DANIEL S. HINKEL, SCOTT C. HORST, HARRIS TURK

We, the undersigned inventors, in consideration of the rights of the Government of the United States acquired by virtue of the circumstances under which the above-identified invention was made, hereby:

1. Assign to the Government of the United States, as represented by the Director, National Security Agency, the entire right, title, and interest throughout the world in and to the above-entitled invention and application for patent and all Letters Patent issuing thereon, and any continuation, continuation-in-part or division of said application and any reissue or extension of said Letters Patent.

2. Agree to provide any further information within our knowledge and to execute any further documents necessary to the prosecution of patent applications on the invention, the prosecution and settlement of the interferences and recording of title to patent applications and patents.

INVENTOR: John L. Fitz

ADDRESS: (City) Baltimore (County) Baltimore  
(State) MD

DATE: 15 August 2001

SIGNATURE: John L. Fitz

INVENTOR: DANIEL Stephen Hinkel

ADDRESS: (City) Laurel (County) Anne Arundel  
(State) MD

DATE: 15 August 01

SIGNATURE: Daniel S. Hinkel

INVENTOR: SCOTT C. HORST  
ADDRESS: (City) SYKESVILLE (County) CARROLL  
(State) MD

DATE: 8-15-01

SIGNATURE: [Signature]

INVENTOR: Harris Turk  
ADDRESS: (City) 1214 William St. (County) Baltimore City  
(State) MD

DATE: 8/15/01

SIGNATURE: [Signature]

INVENTOR: ~~\_\_\_\_\_~~  
ADDRESS: (City) ~~\_\_\_\_\_~~ (County) ~~\_\_\_\_\_~~  
(State) ~~\_\_\_\_\_~~  
DATE: ~~\_\_\_\_\_~~  
SIGNATURE: ~~\_\_\_\_\_~~

INVENTOR: ~~\_\_\_\_\_~~  
ADDRESS: (City) ~~\_\_\_\_\_~~ (County) ~~\_\_\_\_\_~~  
(State) ~~\_\_\_\_\_~~  
DATE: ~~\_\_\_\_\_~~  
SIGNATURE: ~~\_\_\_\_\_~~

INVENTOR: \_\_\_\_\_

ADDRESS: (City) \_\_\_\_\_ (County) \_\_\_\_\_  
(State) \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

State of MARYLAND )  
County of ANNE ARUNDEL )

On 15 AUGUST 2001 (date), known to me to be the individuals described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that they executed the same as their own free act and deed.

David R. Hardesty  
(Signature)

(SEAL) Notary Public of ANNE ARUNDEL COUNTY  
My Commission Expires 1 NOV 2001

ASSIGNMENT (Government Employees)

TITLE OF INVENTION: METHOD OF COATING OPTICAL DEVICE FACETS  
WITH DIELECTRIC LAYER AND DEVICE MADE THEREFROM

INVENTORS: JOHN L. FITZ, DANIEL S. HINKEL, SCOTT C. HORST, HARRIS TURK

We, the undersigned inventors, in consideration of the rights of the Government of the United States acquired by virtue of the circumstances under which the above-identified invention was made, hereby:

1. Assign to the Government of the United States, as represented by the Director, National Security Agency, the entire right, title, and interest throughout the world in and to the above-entitled invention and application for patent and all Letters Patent issuing thereon, and any continuation, continuation-in-part or division of said application and any reissue or extension of said Letters Patent.

2. Agree to provide any further information within our knowledge and to execute any further documents necessary to the prosecution of patent applications on the invention, the prosecution and settlement of the interferences and recording of title to patent applications and patents.

INVENTOR: John L. Fitz  
ADDRESS: (City) Baltimore (County) Baltimore  
(State) MD

DATE: 15 August 2001

SIGNATURE: John L. Fitz

INVENTOR: DANIEL Stephen Hinkel  
ADDRESS: (City) Laurel (County) Anne Arundel  
(State) MD

DATE: 15 August 01

SIGNATURE: Daniel S. Hinkel

INVENTOR: SCOTT C. HERST  
ADDRESS: (City) SYKESVILLE (County) CARROLL  
(State) MD

DATE: 8-15-01

SIGNATURE: [Signature]

INVENTOR: Harris Turk  
ADDRESS: (City) 1214 William St. <sup>Baltimore</sup> (County) Baltimore City  
(State) MD

DATE: 8/15/01

SIGNATURE: [Signature]

INVENTOR: ~~\_\_\_\_\_~~  
ADDRESS: (City) ~~\_\_\_\_\_~~ (County) ~~\_\_\_\_\_~~  
(State) ~~\_\_\_\_\_~~

DATE: ~~\_\_\_\_\_~~

SIGNATURE: ~~\_\_\_\_\_~~

INVENTOR: ~~\_\_\_\_\_~~  
ADDRESS: (City) ~~\_\_\_\_\_~~ (County) ~~\_\_\_\_\_~~  
(State) ~~\_\_\_\_\_~~

DATE: ~~\_\_\_\_\_~~

SIGNATURE: ~~\_\_\_\_\_~~



INVENTOR: \_\_\_\_\_

ADDRESS: (City) \_\_\_\_\_ (County) \_\_\_\_\_

(State) \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

State of MARYLAND )

County of ANNE ARUNDEL )

On 15 AUGUST 2001 (date), known to me to be the individuals described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that they executed the same as their own free act and deed.

*David R. Harbeck*

(Signature)

(SEAL)

Notary Public of ANNE ARUNDEL COUNTY

My Commission Expires 1 NOV 2001