FORM PTO-1595 (Modified) (Rev. 03-01) OMB No. 0651-0027 (exp.5/31/2002) P08A/REV03	09-13-2002		U.S. DEPARTMENT OF COMMERC Patent and Trademark Off
Tab settings 🔶 🔶 💙	102220752	, V	V V
	er of Patents and Trademarks: F		
Name of conveying party(ies): Matthew J. Donelon 9-6-02		2. Name and address of receiving party(ies): Name: Delphi Technologies, Inc. Address: 5825 Delphi Drive	
Additional names(s) of conveying party((ies) 🔲 Yes 🕅 No		30
3. Nature of conveyance:			<u> </u>
🛛 Assignment	Merger		
Security Agreement	Change of Name	City: Troy	State/Prov.: MI
		Country: USA	ZIP: 48008
		Additional name(s) & address(es)	🗆 Yes 🎽 No
4. Application number(s) or pater	nt numbers(s).	10	236300
19/12/2002 TDIAZI 00000085 1023630	0 0.00 0P Additional numbers	Yes No	
5. Name and address of party to concerning document should b		6. Total number of application	is and patents involved: \bigcap_{1}
Name: Vincent A. Cichosz	Name: Vincent A. Cichosz		
Registration No. <u>35,844</u> Address: Delphi Technologies, Inc.		7. Total fee (37 CFR 3.41):	\$ 40.00
		7. Total fee (37 CFR 3.41):	
Address: Delphi Technologies	, Inc.		or insufficiency should be
Address: Delphi Technologies	, Inc.	Enclosed - Any excess	or insufficiency should be eposit account
	, Inc.	Enclosed - Any excess credited or debited to d	or insufficiency should be eposit account
P.O. Box 5052	, Inc. State/Prov.: <u>MI</u>	 Enclosed - Any excess credited or debited to d Authorized to be charg 	or insufficiency should be eposit account
P.O. Box 5052 M/C 480-410-202		 Enclosed - Any excess credited or debited to d Authorized to be charg Deposit account number: 50-0831 	or insufficiency should be eposit account
P.O. Box 5052 M/C 480-410-202 City: <u>Troy</u>	State/Prov.: <u>MI</u> ZIP: <u>48007-5052</u>	 Enclosed - Any excess credited or debited to d Authorized to be charg Deposit account number: 50-0831 	or insufficiency should be eposit account ed to deposit account
P.O. Box 5052 M/C 480-410-202 City: <u>Troy</u> Country: <u>USA</u> 9. Statement and signature.	State/Prov.: <u>MI</u> ZIP: <u>48007-5052</u>	 Enclosed - Any excess credited or debited to d Authorized to be charg 8. Deposit account number: 50-0831 (Attach duplicate copy of this particular to be charged) 	or insufficiency should be eposit account ed to deposit account age if paying by deposit account)
 P.O. Box 5052 M/C 480-410-202 City: Troy Country: USA 9. Statement and signature. To the best of my knowledge at the set of my kn	State/Prov.: <u>MI</u> ZIP: <u>48007-5052</u> DO NOT L and belief, the foregoing informa	 Enclosed - Any excess credited or debited to d Authorized to be charg 8. Deposit account number: 50-0831 (Attach duplicate copy of this particular to be charged) 	or insufficiency should be eposit account ed to deposit account age if paying by deposit account)
P.O. Box 5052 M/C 480-410-202 City: Troy Country: USA 9. Statement and signature. To the best of my knowledge a of the original document.	State/Prov.: <u>MI</u> ZIP: <u>48007-5052</u> DO NOT L and belief, the foregoing informa	 Enclosed - Any excess credited or debited to d Authorized to be charg 8. Deposit account number: 50-0831 (Attach duplicate copy of this particular to be charged) 	or insufficiency should be eposit account ed to deposit account age if paying by deposit account) y attached copy is a true copy
P.O. Box 5052 M/C 480-410-202 City: Troy Country: USA 9. Statement and signature. To the best of my knowledge a of the original document.	State/Prov.: <u>MI</u> ZIP: <u>48007-5052</u> DO NOT L and belief, the foregoing informa 9,341	 Enclosed - Any excess credited or debited to d Authorized to be charg 8. Deposit account number: 50-0831 (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged) (Attach duplicate copy of this particular to be charged)	or insufficiency should be eposit account ed to deposit account age if paying by deposit account) y attached copy is a true copy

REEL: 013270 FRAME: 0493

ASSIGNMENT

Pursuant to an agreement with my employer, I formally assign to DELPHI TECHNOLOGIES INC., the entire right, title and interest, in all countries, in the improvements set forth in the United States patent application DP-307535 entitled

REFRACTORY METAL NEST AND METHODS FOR COATING AN ARTICLE AND

FORMING A SENSOR

for which I executed a declaration dated as indicated below. If the patent application has been filed, I authorize attorney VINCENT A. CICHOSZ and PAMELA J. CURBELO to insert the application number and filing date of said application here in parentheses (__________filed

____) when known.

Inventor's signature Full name: Residence:

Matthew J. Donelon Wichita Falls, TX

Date

Declaration dated: