

MM 10/02 PATENT

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To the Honorable Commissioner of Patents

checked original documents or copy thereof.

1. Name of conveying party(ies):



Address of receiving party(ies):

Gabor Huszar

102242904

Name: Yale University

Street Address: 2 Whitney Avenue

City: New Haven State: CT

Zip Code: 06510

Additional name(s) of conveying party(ies) attached?
[] Yes [X] No

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[] Yes [X] No

3. Nature of Conveyance:

[X] Assignment [] Merger
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[] Other _____

Execution Date: September 13, 2002

4. Application number(s) or patent number(s): U.S. Patent No. 5,897,988

If this document is being filed together with a new application, the execution date of the application is: _____, 20____.

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? [] Yes [X] No

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

Name: DeLIO & PETERSON, LLC
Street Address: 121 Whitney Avenue
City: New Haven State: CT
Zip Code: 06510-1241

6. Total number of applications and patents involved:.....[1]

7. Total Fee (37 CFR 3.41) \$ 40.00
[X] Enclosed
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9/26/02

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Name: Barbara Browne

Date: September 26, 2002

Signature:

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