

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

10-22-2002



102256851

RECORDATION FORM COVER SHEET

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

	PATENTS ONLY S-97 60/			
TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).				
Submission Type New // 1/4/2	Conveyance Type			
Resubmission (Non-Recordation) Document ID# License Change of Name				
Correction of PTO Error Reel # Frame #	Merger Other Confirmatory License U.S. Government			
Corrective Document Reel # Frame #	(For Use ONLY by U.S. Government Agencies) Departmental File Secret File			
Conveying Party(ies) Mark if additional names of conveying parties attached Execution Date Month Day Year				
Name (line 1) SANDIA CORPORATION	9/10/2002			
Name (line 2) Second Party Name (line 1)	Month Day Year			
Name (line 2)				
Receiving Party Mark if additional names of receiving parties attached				
Name (line 1) U. S. Department of Energy	If document to be recorded is an assignment and the			
Name (line 2)	of a domestic			
Address (line 1) 1000 Independence Avenue, S.W. representative is attached. (Designation must be a separate document from Assignment.)				
Address (line 2)				
Address (line 3) Washington	D.C. 20585-0162 State/Country Zip Code			
Domestic Representative Name and Address Enter for the first Receiving Party only.				
Name				
Address (line 1)				
Address (line 2)				
Address (line 3)				
Address (line 4)				
FOR OFFICE USE ONLY				

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 Mail documents to be recorded with required cover sheet(s) information to:

Mail documents to be recorded with required solor closes, mail to be recorded with respect to be recorded

Address (line 1) U. S. Department of Energy Address (line 2) U. S. Department of Energy Address (line 3) Washington, D. C. 20585-0162 Address (line 3) Washington, D. C. 20585-0162 Address (line 4) Pages	FORM PTO-1 Expires 06/30/99 OMB 0651-0027	619B	Page 2	•	artment of Commerce d d Trademark Office PATENT
Address (line 1) U. S. Department of Energy Address (line 2) 1000 Independence Avenue, S.W. Address (line 3) Washington, D. C. 20585-0162 Address (line 4) Pages	Correspond	lent Name and Address	Area Code and Telephone Number	202	2-586-2802
Address (line 2) 1000 Independence Avenue, S.W. Address (line 3) Washington, D. C. 20585-0162 Address (line 4) Pages Enter the total number of pages of the attached conveyance document including any attachments. 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 (BO NOT ENTER BOTH numbers for the same property). Patent Application Number Patent Application Patent Number (BO NOT ENTER BOTH numbers for the same property). Patent Cooperation Treaty (PCT) PCT P	Name	Betty A. Winchester			
Address (line 3) Washington, D. C. 20585-0162 Address (line 4) Pages	Address (line 1)	U. S. Department of Energy			
Pages Enter the total number of pages of the attached conveyance document including any attachments. Application Number(s) or Patent Number(s)	Address (line 2)	1000 Independence Avenue, S.W.			
Pages Enter the total number of pages of the attached conveyance document including any attachments. 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) 10/146,095 Patent Number(s)	Address (line 3)	Washington, D. C. 20585-0162			
Application Number(s) or Patent Number(s) Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property). Patent Application Number(s) 10/146.095 Patent Application Number(s) Patent Application Number(s) Patent Application Number(s) Patent Application Number(s) If this document is being filed together with a new Patent Application, enter the date the patent application Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT PCT PCT PCT PCT	Address (line 4)				
Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property). Patent Application Number(s) 10/146,095 Patent Number(s) Patent Number of properties being filed together with a new Patent Application, enter the date the patent application Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT PCT PCT PCT PCT	Pages	- -	es of the attached conveyance docu		
Patent Application Number(s) 10/146,095 10/146,095 10/146,095 10/146,095 10/146,095 10/146,095 10/146,095 10/146,095 10/146,095 10/146,095 10/146,095 10/146,095 11/146,095 Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT has not been assigned. Number of Properties Enter the total number of properties involved. # 1 Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 0.00 Method of Payment: Deposit Account Uenter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: #	Application	Number(s) or Patent Num	nber(s) Mark	if additional nun	nbers attached
If this document is being filed together with a new Patent Application, enter the date the patent application Was Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT has not been assigned. Number of Properties Enter the total number of properties involved. Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ Method of Payment: Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: 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. Brenda K. Banks MayJack Junks		• •		-	• • •
Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT has not been assigned. Number of Properties Enter the total number of properties involved. Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 0.00 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: # No V 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. Brenda K. Banks Brenda K. Banks Brenda K. Banks Brenda K. Banks	10/146,095				
Enter PCT application number only if a U.S. Application Number PCT		neration Treaty (PCT)			
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 0.00 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: # 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. Brenda K. Banks Brenda K. Banks	Ent onl	ter PCT application number y if a U.S. Application Number			
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: # 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. Brenda K. Banks Authorization to charge additional fees: Yes No Male Authorization to charge additional fees: Yes No M	Number of	Properties Enter the total	number of properties involved.	#	1
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: 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. Brenda K. Banks Myda H. Sunks	Fee Amoun	t Fee Amount	for Properties Listed (37 CFR 3.41):	\$	0.00
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. Brenda K. Banks Myda H. Sanks	Depos	it Account or payment by deposit account or if add	litional fees can be charged to the account.)	#	
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. Brenda K. Banks Myda H. Sanks	Statement a		Authorization to charge additional fees:	Yes	No 🗸
	To the attacl indica	e best of my knowledge and be hed copy is a true copy of the o ated herein. Brenda K. Banks	original document. Charges to depos	sit account ar	e authorized, as

PATENT REEL: 013393 FRAME: 0167



10/146,095 SD-6955/S-97,601 September 10, 2002

CONFIRMATORY LICENSE

THE STATE OF THE S	
Application for:	CAPILLARY TEST SPECIMEN, SYSTEM, AND METHODS FOR INSITU VISUALIZATION OF CAPILLARY FLOW AND FILLET FORMATION
Inventor(s):	Aaron C. Hall, F. Michael Hosking and Mark Reece
Serial Number:	10/146,095
Filing Date:	5/15/02
Contract No.:	DE-AC04-94AL85000
Contractor:	Sandia Corporation
copy of the provisions	ed above is a "Subject Invention" under the above-numbered contract. A sof the above-numbered contract certified on January 9, 1996, governing abject Invention at the time the invention was made, has been submitted to of Energy.
governing patent right irrevocable, paid up li Subject Invention thro identified patent appli	confirms that under the provisions of the above-numbered contract its, it has granted to the Government a nonexclusive, nontransferable, icense to practice or have practiced for or on behalf of the United States the oughout the world. This license applies to the invention in the above-ication and any and all divisions or continuations thereof and any resulting in which may be granted thereon.
rights under the provi	greed that this document does not preclude the Government from asserting sions of said contract or any other agreement between the Government and other rights of the Government with respect to the above-identified
the above-identified a	grants the Government an irrevocable power to inspect and make copies of pplication.
Signed this O day	o Sorrow 2012, 2002.
	R008H
	Russell D. Elliott Chief Intellectual Property Counsel
If the invention was n	nade under a subcontract, please identify the Prime Contractor:

, Prime Contract No._____

RECORDED: 10/16/2002

PATENT REEL: 013393 FRAME: 0168