| FORM PTO-1619A<br>Expires 06/30/99<br>OMB 0651-0027 | 01-23-2004  102652749  RECORDATION FURM COLLASHEET PATENTS ONLY                | U.S. Department of Commerce Patent and Trademark Office PATENT |  |  |  |  |  |
|-----------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|--|--|--|--|--|
| TO: The Commissioner of Patent Submission Type      | ts and Trademarks: Please record the attached original docu<br>Conveyance Type |                                                                |  |  |  |  |  |
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| Resubmission (Non-Record Document ID#               | <b>1</b>                                                                       | me                                                             |  |  |  |  |  |
| Correction of PTO Error Reel # Frame                | # Merger Other                                                                 |                                                                |  |  |  |  |  |
| Corrective Document                                 | # U.S. Government<br>(For Use ONLY by U.S. Government                          | t Agencies)                                                    |  |  |  |  |  |
| Reel # Frame                                        | # Departmental File                                                            | Secret File                                                    |  |  |  |  |  |
| Conveying Party(ies)                                | Mark if additional names of conveying part                                     | ties attached Execution Date  Month Day Year                   |  |  |  |  |  |
| Name (line 1) Robert LEU                            |                                                                                | 01/14/2004                                                     |  |  |  |  |  |
| Name (line 2)                                       |                                                                                | Execution Date                                                 |  |  |  |  |  |
| Second Party   Name (line 1)                        |                                                                                | Month Day Year                                                 |  |  |  |  |  |
| Name (line 2)                                       |                                                                                |                                                                |  |  |  |  |  |
| Receiving Party                                     | Mark if additional names of                                                    | f receiving parties attached                                   |  |  |  |  |  |
| Name (line 1) RAIN FIRST SPECIAL                    | L WIPER CO., LTD.                                                              | If document to be recorded is an assignment and the            |  |  |  |  |  |
| Name (line 2)                                       |                                                                                | receiving party is not domiciled in the United                 |  |  |  |  |  |
| Address (line 1) 11E-5 No 6 Lane 180                | States, an appointment of a domestic representative is attache                 |                                                                |  |  |  |  |  |
| 777 0, 110.0, Edito 10.                             | 11F-5, No.6, Lane 180, (D                                                      |                                                                |  |  |  |  |  |
| Address (line 2) Sec. 6, Ming-Chuan Ea              | ast Rd.                                                                        | Assignment.)                                                   |  |  |  |  |  |
| Address (line 3) Taipei                             | Taiwan Zip                                                                     | Code                                                           |  |  |  |  |  |
| Domestic Representative                             |                                                                                |                                                                |  |  |  |  |  |
| Name                                                |                                                                                |                                                                |  |  |  |  |  |
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| Address (line 4)                                    |                                                                                |                                                                |  |  |  |  |  |
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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

PATENT REEL: 014933 FRAME: 0333

| FORM PTC<br>Expires 06/30/99                                                                                                                                                                                         | )-1619B                                                                        | Page 2                                                | U.S. Department of Commerce<br>Patent and Trademark Office |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|--|--|--|--|--|--|
| Correspond                                                                                                                                                                                                           | ent Name and Address                                                           |                                                       | PATENT                                                     |  |  |  |  |  |  |
| Correspondent Name and Address  Area Code and Telephone Number                                                                                                                                                       |                                                                                |                                                       |                                                            |  |  |  |  |  |  |
| Name                                                                                                                                                                                                                 | Robert LEU                                                                     |                                                       |                                                            |  |  |  |  |  |  |
| Address (line 1)                                                                                                                                                                                                     | PO Box 82-144                                                                  |                                                       |                                                            |  |  |  |  |  |  |
| Address (line 2)                                                                                                                                                                                                     | Taipei, TAIWAN                                                                 |                                                       |                                                            |  |  |  |  |  |  |
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| Address (line 4)                                                                                                                                                                                                     |                                                                                |                                                       |                                                            |  |  |  |  |  |  |
| Pages                                                                                                                                                                                                                | Enter the total number of paincluding any attachments.                         | ges of the attached conveyance docun                  | ment # 3                                                   |  |  |  |  |  |  |
| <b>Application</b>                                                                                                                                                                                                   | Number(s) or Patent Nun                                                        | nber(s) Mark if                                       | additional numbers attached                                |  |  |  |  |  |  |
|                                                                                                                                                                                                                      | • •                                                                            | Patent Number (DO NOT ENTER BOTH numbers              | , , <del>,</del> ,                                         |  |  |  |  |  |  |
| Pat                                                                                                                                                                                                                  | ent Application Number(s)                                                      | Paten                                                 | t Number(s)                                                |  |  |  |  |  |  |
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|                                                                                                                                                                                                                      | s being filed together with a <u>new</u> Pater<br>st named executing inventor. | nt Application, enter the date the patent application | on was month bay real                                      |  |  |  |  |  |  |
| Patent Coop                                                                                                                                                                                                          | peration Treaty (PCT)                                                          |                                                       |                                                            |  |  |  |  |  |  |
| Ente                                                                                                                                                                                                                 | er PCT application number                                                      | PCT PCT                                               | PCT                                                        |  |  |  |  |  |  |
| <u>onl</u> y                                                                                                                                                                                                         | if a U.S. Application Number                                                   | PCT PCT                                               | РСТ                                                        |  |  |  |  |  |  |
|                                                                                                                                                                                                                      | not been assigned.                                                             |                                                       |                                                            |  |  |  |  |  |  |
| Number of Properties  Enter the total number of properties involved. # 1                                                                                                                                             |                                                                                |                                                       |                                                            |  |  |  |  |  |  |
| 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: #                                                                               |                                                                                |                                                       |                                                            |  |  |  |  |  |  |
|                                                                                                                                                                                                                      | Δ                                                                              | Authorization to charge additional fees:              | Yes No                                                     |  |  |  |  |  |  |
| Statement a                                                                                                                                                                                                          | nd 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 LEU                                                                     | RABBETION                                             | Jan.14, 2004                                               |  |  |  |  |  |  |
| Name                                                                                                                                                                                                                 | of Person Signing                                                              | Signature                                             | Date                                                       |  |  |  |  |  |  |

## **ASSIGNMENT**

| THIS ASSIGNMENT, made thi (1) Robert LEU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                 |                                                                                                                                                                              |                                                                                                                                                                | •                                                                                                                                               |                                   |
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| ASSIGNEE/S to ASSIGNOR/S acknowledged, and for other go ASSIGNEE/S the full and exclusion to be obtained therefore on safull term or terms for which the ASSIGNOR/S hereby covenant or entered into which would consider a substitution of the ASSIGNOR/S further covenant facts and documents relating to the ASSIGNOR/S and will testiful execute and deliver to ASSIGNOR/S required to apply for, obtain, required to apply for the following the fo | lusive right, title aid application one same may be a same may be a same that no assignflict with this a said application for as to the same the sa | e consideration d and interest or any continu e granted. gnment, sale, assignment an IEE/S will, up n, said invent me in any inte | to said inventi-<br>to said inventi-<br>tation, division,<br>agreement of ed<br>d sale:<br>on its/their requestion and said Les<br>enference or litiguestic sentative any an | S hereby sell/s and on and all Letters renewal, substitute encumbrance has/luest, be provided atters Patent as magation related thereod all papers, institute. | d transfer/s to s Patent of e or reissue thereo have been or will promptly with all ay be known and seto and will promptly ruments or affidavir | be made pertinent accessible ptly |
| be necessary or desirable to ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   | , <u>-</u>                                                                                                                                                                   |                                                                                                                                                                |                                                                                                                                                 |                                   |
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| SIGNATURE: ASSIGNOR/S:(1) Robe ASSIGNEE/S: (1) Robe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   | (2)                                                                                                                                                                          |                                                                                                                                                                |                                                                                                                                                 |                                   |
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| ASSIGNEE/S: (1) Robe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ert LEU (PRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DENT)                                                                                                                             | (2)                                                                                                                                                                          |                                                                                                                                                                |                                                                                                                                                 |                                   |
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| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   | (4)                                                                                                                                                                          |                                                                                                                                                                |                                                                                                                                                 |                                   |

**RECORDED: 01/16/2004** 

PATENT REEL: 014933 FRAME: 0335