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**APPLICATION FORM COVER SHEET
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Tasadduq Hussain

Execution Date(s) 11/11/04

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

2. Name and address of receiving party(ies)

Name: Owens-Illinois HealthCare Packaging Inc.

Internal Address: _____

Street Address: One SeaGate

City: Toledo

State: Ohio

Country: USA

Zip: 43666

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

- Assignment Merger
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This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

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

Name: Susan L. Smith

Internal Address: Owens-Illinois, Inc.

Street Address: One SeaGate, 25-LDP

City: Toledo

State: OH

Zip: 43666

Phone Number: 419-247-8699

Fax Number: 419-247-8555

Email Address: _____

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

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Susan L. Smith

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