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OMB No. 0851-0027 (exp. 5/31/2002)

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Jorge J. Rocca

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

2. Name and address of receiving party(ies)

Name: Colorado State University Research Foundation

Internal Address _____

Street Address: 410 University Services Center
601 S. Howes

City: Fort Collins State: CO ZIP: 80521

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

3. Nature of conveyance:

- Assignment Merger
- Security Agreement Change of Name
- Other _____

Execution Date: August 17, 2005

4. Application number(s) or patent number(s):

Attorney Docket No.: CSUR.02US01 (02-030)

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

A. Patent Application No.(s): 11/136,617
Title: Capillary Discharge X-Ray Laser
Filed: May 23, 2005

B. Patent No.(s)

Additional numbers attached? [] Yes [X] No

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

Name: Samuel M. Freund

Internal Address: Cochran Freund & Young LLC

2026 Caribou Drive, Suite 201

Fort Collins, CO 80525

Street Address: 2026 Caribou Drive, Suite 201

City: Fort Collins State: CO ZIP: 80525

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

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

[] Enclosed

Authorized to be charged to deposit account

8. Deposit account number:

50-1491

(Attach duplicate copy of this page if paying by deposit account)

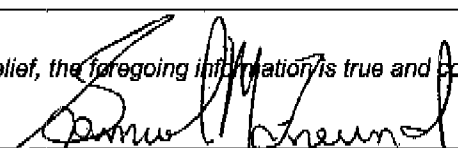
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9. Statement and signature.

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

Samuel M. Freund

Name of Person Signing



Signature

August 26, 2005

Date

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