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To the Honorable Commissioner of P

1. Name of conveying party(ies):

Sayu SHIOTANI

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

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other

Execution Date(s): September 13, 2005

Name: Ushiodenki Kabushiki Kaisha

Street Address: 19th Floor, Asahitokai Build., 6-
Ohtemachi 2-chome, Chiyoda-ku

City: Tokyo State: _____ Zip: _____

Country: Japan Postal Code: 100

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

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

If this document is being filed together with a new application, the filing date of the application is: September 15, 2005

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Attorney Name: David S. Safran, Esq.

Firm Name: Nixon Peabody LLP

Internal Address: Suite 900

Street Address: 401 9th Street, N.W.

City: Washington State: D.C. Zip: 20004-2128

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:

19-2380(740145-301)

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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.

David S. Safran

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September 15, 2005

Date

Total number of pages including cover sheet, attachments, and documents: 2

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ASSIGNMENT

For good and valuable consideration, the sufficiency and receipt of which is hereby acknowledged, as a below named inventor, I hereby sell and assign to Ushiodenki Kabushiki Kaisha
of 19th Floor, Asahitekai Build., 6-1, Ohtemachi 2-chome, Chiyoda-ku, 100 Tokyo, Japan
 its successors and assigns or other legal representatives all my rights, title and interest, in and for the United States of America, in and to

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invented by me (if only one is named below) or us (if plural inventors are named below) and described in the application for United States Letters Patent therefore, filed on even date herewith and all United States Letters Patent which may be granted therefore, and all divisions, continuations, reissues, reexaminations and extensions thereof, the said interest being the entire ownership of the said Letters Patent when granted, to be held and enjoyed by said Ushiodenki Kabushiki Kaisha, its successors, assigns or other legal representatives, to the full end of the term for which said Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by me or us if this assignment and sale had not been made;

And I hereby agree to sign and execute any further documents or instruments which may be necessary, lawful, and proper in the prosecution of the above-named application or in the preparation and prosecution of any continuing, continuation-in-part, substitute, divisional, renewal, reviewed or reissue applications or in any amendment, extension, or interference proceedings, or otherwise to secure the title thereto in said assignee;

And I do hereby authorize and request the Commissioner of Patents to issue said Letters Patent to said Ushiodenki Kabushiki Kaisha

- | | (Full Name) | (Signature) |
|--|--------------------------------|----------------------|
| 1. Date: <u>13/09/2005</u> | Inventor: <u>Sayo SHIOTANI</u> | <u>Sayo Shiotani</u> |
| Residence: <u>Same as Post Office Address</u> | Citizenship: <u>Japan</u> | |
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| 2. Date: _____ | Inventor: _____ | |
| Residence: <u>Same as Post Office Address</u> | Citizenship: _____ | |
| Post Office Address: _____ | | |
| 3. Date: _____ | Inventor: _____ | |
| Residence: <u>Same as Post Office Address</u> | Citizenship: _____ | |
| Post Office Address: _____ | | |
| 4. Date: _____ | Inventor: _____ | |
| Residence: <u>Same as Post Office Address</u> | Citizenship: _____ | |
| Post Office Address: _____ | | |

Witness(es)

- | | | |
|-------------|----------|----------|
| (All) _____ | 1) _____ | 2) _____ |
| | 3) _____ | 4) _____ |

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