

Follow-on

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Form PTO-1595 (Rev. 09/04)  
OMB No. 0651-0027 (exp. 6/30/2005)U.S. DEPARTMENT OF COMMERCE  
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**PATENTS ONLY**

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies)/Execution Date(s):**Gabriele Korus  
Martin Arndt  
Hilmar Laudahn  
Manfred SchwarzbauerExecution Date(s) October 26, 2004Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No**3. Nature of conveyance:**

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Government Interest Assignment  
☐ Executive Order 9424, Confirmatory License  
☐ Other \_\_\_\_\_

**2. Name and address of receiving party(ies)**Name: Heraeus Quarzglas GmbH & Co. KG

Internal Address: \_\_\_\_\_

Street Address: Quarzstrasse 863450 Hanau, Germany

City: \_\_\_\_\_

State: \_\_\_\_\_

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Additional name(s) & address(es) attached? ☒ Yes ☐ No**4. Application or patent number(s):**☐ This document is being filed together with a new application.  
A. Patent Application No.(s)  
10/512,114  
B. Patent No.(s)Additional numbers attached? ☐ Yes ☒ No**5. Name and address to whom correspondence concerning document should be mailed:**Name: Andrew L. Tiajloff

Internal Address: \_\_\_\_\_

Street Address: Tiajloff & Kelly405 Lexington Avenue, 37th Fl.City: New YorkState: NY Zip: 10174Phone Number: 212-490-3285Fax Number: 212-490-3295Email Address: altpto@patentedvance.com**6. Total number of applications and patents involved:**1**7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00**

- ☐ Authorized to be charged by credit card  
☒ Authorized to be charged to deposit account  
☒ Enclosed  
☐ None required (government interest not affecting title)

**8. Payment Information**a. Credit Card Last 4 Numbers \_\_\_\_\_  
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Authorized User Name \_\_\_\_\_

**9. Signature:**

Signature

November 10, 2004

Date

Andrew L. Tiajloff 31,575

Name of Person Signing

Total number of pages including cover  
sheet, attachments, and documents:**6**Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:  
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ATTACHMENT TO RECORDATION FORM COVER SHEET

2. Additional name and address of receiving party(ies)

Siltronic AG  
Hanns-Seidel-Platz 4  
81737 München  
Germany

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