

10/567040

A10581/ho

IAP9 Rec'd PCT/PTO 02 FEB 2006

Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)

02-13-2006

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

Docket # NL 030940



ET

103177133

2.2.06

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)Robbert Adrianus Maria VAN HAL
Rieko VERHAGEN**2. Name and address of receiving party(ies)**

Name: KONINKLIJKE PHILIPS ELECTRONICS, N.V.

Internal Address: _____

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No**3. Nature of conveyance/Execution Date(s):**

Execution Date(s) 3/3/05; 3/3/05.

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

Street Address: GROENEWOUDSEWEG 1

City: EINDHOVEN

State: _____

Country: THE NETHERLANDS Zip: 5621 BA

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)

B. Patent No.(s)

Not assigned yet.

02/08/2006 LLANDGRA 00000045 141270 10567040

04 FC:8021 40.00 DA

Additional numbers attached? ☐ Yes ☒ No**5. Name and address to whom correspondence concerning document should be mailed:**

Name: PHILIPS ELECTRONICS NORTH AMERICA CORP.

Internal Address: P.O. BOX 3001

Street Address: 345 SCARBOROUGH ROAD

City: BRIARCLIFF MANOR

State: NY Zip: 10510-8001

Phone Number: (914) 945-6000

Fax Number: (914) 332-0615

Email Address: _____

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 _____

Expiration Date _____

b. Deposit Account Number 14-1270

Authorized User Name _____

9. Signature:

Signature

Date

Aaron Waxler, Reg. 48,027

Name of Person Signing

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

2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450PATENT
REEL: 017538 FRAME: 0219

For good and valuable consideration, of which I acknowledge receipt, I, as a below-named assignor, sell and assign to Koninklijke Philips Electronics N.V. (hereinafter "Assignee") a corporation existing under the laws of the Kingdom of the Netherlands, whose business address is Groenewoudseweg 1, 5621 BA Eindhoven, the Netherlands, its successors and assigns, the application for a United States Patent for the improvements in a

"A device for shortening hairs by means of laser induced optical breakdown effects" invented by us, which application:

- ☐ is executed concurrently herewith
☐ was executed by me/us on
☐ is Serial No. filed
☒ is International Application No. PCT/IB2004/051312..... filed.....on 28. July.2004.,

and all rights in and to said application, and all Patents which may be granted therefor, and all divisions, reissues, continuations and extensions thereof, and authorize and request the Commissioner of Patents and Trademarks to issue all Patents on said improvements or resulting therefrom to said Assignee as assignee of the entire interest and covenant that I have full right so to do, and agree that I will communicate to said Assignee or its representatives any facts known to me respecting said improvements and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid said Assignee, its successors, assigns and nominees, to obtain and enforce proper protection for said invention.

03 March 2005

Date

(sign name here)

(print name here)

Robbert Adrianus Maria VAN HAL

, Assignor

03 March 2005

Date

(sign name here)

(print name here)

Rieko VERHAGEN

, Assignor

Form PTO-1595 (Rev. 07/05)
 OMB No. 0651-0027 (exp. 6/30/2008)

U.S. DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office

Docket # NL 030940

**RECORDATION FORM COVER SHEET
 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)

Robbert Adrianus Maria VAN HAL
 Rieko VERHAGEN

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

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 3/3/05; 3/3/05.

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

2. Name and address of receiving party(ies)

Name: KONINKLIJKE PHILIPS ELECTRONICS, N.V.

Internal Address: _____

Street Address: GROENEWOUDSEWEG 1

City: EINDHOVEN

State: _____

Country: THE NETHERLANDS Zip: 5621 BA

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)

B. Patent No.(s)

Not assigned yet.

Additional numbers attached? ☐ Yes ☒ No

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

Name: PHILIPS ELECTRONICS NORTH AMERICA CORP.

Internal Address: P.O. BOX 3001

Street Address: 345 SCARBOROUGH ROAD

City: BRIARCLIFF MANOR

State: NY Zip: 10510-8001

Phone Number: (914) 945-6000

Fax Number: (914) 332-0615

Email Address: _____

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)

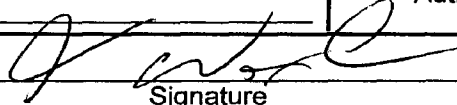
8. Payment Information

a. Credit Card Last 4 Numbers _____
 Expiration Date _____

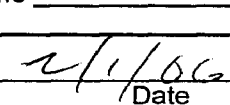
b. Deposit Account Number 14-1270

Authorized User Name _____

9. Signature:



Signature



Date

Aaron Waxler, Reg. 48,027

Name of Person Signing

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

2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
 Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450