orm PTO-1595 (Rev.	08/05)
MENA 0651-0027	(evp 6/30/2008)



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To the Director of the U.S. Patent and Trademark Office 1. Name of conveying party(ies)	a: Please record the attached decuments or the new address(or) below
Hironori KOBAYASHI	2. Name and address of receiving party(ies) Name: Dai Nippon Printing Co., Ltd.
	Internal Address:
Additional name(s) of conveying party(ies) attached?	⊠ No
3. Nature of conveyance/Execution Date(s):	Street Address: <u>1-1 Ichigaya-kagacho, 1-chome,</u>
Execution Date(s)July 7, 2006	
Assignment Merger	me City: Shinjuku-ku
Security Agreement Change of Nar	me Ony. Only only on the second
Joint Research Agreement	State: <u>Tokyo-to</u>
Government Interest Assignment	Country: Japan Zip: 162-8001
Executive Order 9424, Confirmatory License	
 Other 4. Application or patent number(s): 	Additional name(s) & address(es) attached?
	mbers attached? Yes X NO
5. Name and address to whom correspondenc concerning document should be mailed:	6. Total number of applications and patents involved: one
Name: Timothy J. Keefer	7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00
Internal Address: Seyfarth Shaw LLP	
	 Authorized to be charged by credit card Authorized to be charged to deposit account
Street Address: 131 S. Dearborn	Enclosed
Street Address: <u>131 S. Dearborn</u> Suite 2400	Enclosed Image: Declosed Image: Declosed Image: Declosed Image: Declosed
Suite 2400	
Suite 2400 City: <u>Chicago</u>	None required (government interest not affecting tit 8. Payment Information
Suite 2400 City: Chicago State: Illinois Zip: 60603	None required (government interest not affecting tit 8. Payment Information a. Credit Card Last 4 Numbers
Suite 2400 City: Chicago State: Illinois Zip: 60603 Phone Number: 312-460-5000	None required (government interest not affecting tites) 8. Payment Information a. Credit Card Last 4 Numbers Expiration Date
Suite 2400 City: Chicago State: Illinois Zip: 60603 Phone Number: 312-460-5000 Fax Number: 312-460-7000	None required (government interest not affecting titted) 8. Payment Information a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number
Suite 2400 City: Chicago State: Illinois Zip: 60603 Phone Number: 312-460-5000 Fax Number: 312-460-7000 Email Address: tkeefer@seyfarth.com	None required (government interest not affecting titted) 8. Payment Information a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number Authorized User Name
Suite 2400 City: Chicago State: Illinois Zip: 60603 Phone Number: 312-460-5000 Fax Number: 312-460-7000	None required (government interest not affecting titted) 8. Payment Information a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number
Suite 2400 City: Chicago State: Illinois Zip: 60603 Phone Number: 312-460-5000 Fax Number: 312-460-7000 Email Address: tkeefer@seyfarth.com 9. Signature:	None required (government interest not affecting tit 8. Payment Information a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number Authorized User Name October 6, 2006

PATENT REEL: 018406 FRAME: 0220

ASSIGNMENT OF APPLICATIO	Docket Number (Optional)			
	37569-414900			
Whereas, I/We, <u>Hironori KOBAYASHI of Tokyo, Japar</u>	n			
hereafter referred to as applicant, have invented certa	—			
PATTERN FORMED BODY AND METHOD FOR MAI				
S for which an application for a United States Patent	t was filed on <u>June 22, 2006</u>			
Application Number <u>11/472,895</u>	·			
for which an application for a United States Patent	t was executed on, and			
Whereas, DAI NIPPON PRINTING CO., LTD. of Toky	o, Japan here referred to "assignee"			
whose mailing address is <u>1-1 Ichigaya-kagacho 1-</u>	<u>chome, Shinjuku-ku, Tokyo-to, Japan</u>			
is desirous of acquiring the entire right, title and intere	est in the same;			
valuable consideration, I/We, the applicant(s), by these exclusive right to the said invention in the United State which may be granted therefore in the United State certificates, including foreign, which the undersigned invention or improvements, and in any and all Letter	dollar (\$1.00), the receipt whereof is acknowledge, and se presents do sell, assign and transfer unto said assi- tes and the entire rights, title and interest in and to an es, and in any and all other corresponding applicati- d or the assignee may file, either solely or jointly with ers Patent of the United States and foreign countries ny reissue, division, continuation or extensions of	gnee the full and y and all Patents ons or inventors o others, on said s, which may be		
said assignee, of the entire right, title, and interest i	U.S. Patent and Trademark Office to issue said United in and to the same, for his sole use and behoof; and the term for which said Patent may be granted, as full nment and sale not been made.	for the use and		
IN TESTIMONY WHEREO	F this assignment is executed by ASSIGNOR			
FULL NAME OF SOLE OR FIRST NAMED INVENTOR	INVENTOR'S SIGNATURE	DATE		
Hironori KOBAYASHI	Hinonari Kobayashi	07/07/20		
FULL NAME OF SOLE OR FIRST NAMED INVENTOR	INVENTOR'S SIGNATURE	DATE		
FULL NAME OF SOLE OR FIRST NAMED INVENTOR	INVENTOR'S SIGNATURE	DATE		
FULL NAME OF SOLE OR FIRST NAMED INVENTOR	INVENTOR'S SIGNATURE	DATE		
FULL NAME OF SOLE OR FIRST NAMED INVENTOR	INVENTOR'S SIGNATURE	DATE		
FULL NAME OF SOLE OR FIRST NAMED INVENTOR	INVENTOR'S SIGNATURE	DATE		
Note: Signatures of all the inventors or accimpage of record a	of the entire interest or their representative(s) are required. Sul			

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CH1 10936741.1

My name and post office address are as stated below; That I am knowledgeable in the English language and in the language of the

- □ attached document
- \boxtimes below identified document

and I believe the attached English translation to be a true and complete translation of this document.

(identify attached or previously filed document)

The document for which the attached English translation is being submitted is

PATTERN FORMED BODY AND METHOD FOR MANUFACTURING SAME

(check and complete, if applicable)

☑ This foreign language document was filed in the PTO on <u>June 22, 2006</u>.

 Date :
 September 27, 2006

 Full name of the translator
 Akihiko YAMASHITA

Signature of the translator

1. Jaragli

Post Office Address _c/o TOKYO CENTRAL PATENT FIRM, 3rd Floor, Oak Building Kyobashi, 16-10, Kyobashi 1-chome, Chuou-ku, Tokyo, 104-0031 Japan

> PATENT REEL: 018406 FRAME: 0222

Effective on 12/08/2004.				uired to respond to a collection of information unless it displays a valid OMB contro Complete If Known			
	Fees revealed to the Consolidated Appropriations Act, 2005 (H.R. 4818).			pplication Number	11/472	,895	
FEE TR	KANSN	11 I <i>F</i>	\L 7	iling Date	June 2	2, 2006	
for FY 2006		F			I KOBAYASH	-11	
101 F1 2000		F	Examiner Name n/a				
Applicant claims small	Applicant claims small entity status. See 37 CFR 1.27			Art Unit			
TOTAL AMOUNT OF P	AYMENT (\$)	290.00	Α	Attorney Docket No.	37569-	414900	,
METHOD OF PAYME	NT (check all the	at apply)					
Check Credi	t Card 🗌 Mo	oney Order	None	Other (please	identify):		
Deposit Account	Deposit Account Nu	umber: <u>19-1351</u>		Deposit Accour	nt Name: Seyfai	rth Shaw LLP	
For the above-ide	ntified deposit acc	ount, the Dire	ctor is hereby	y authorized to: (che	ck all that appl	y)	
Charge any a		r underpayme		Credit any o	verpayments	ow, except for th ese s form. Provide crea	-
FEE CALCULATION	(All the fees b	elow are du	e upon filin	ig or may be sub	ject to a sur	charge.)	
1. BASIC FILING, SE	-						
	FILING FE <u>Sm</u>	ES <u>all Entity</u>	SEARC	H FEES Small Entity	EXAMIN	ATION FEES Small Entity	
Application Type		Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (S
Utility	300	150	500	250	200	100	<u>,</u>
Design	200	100	100	50	130	65	
Plant	[*] 200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FI	EES					S	mall Entity
Fee Description						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (in						50	25
Each independent claim		ling Reissue	s)			200	100
Multiple dependent cla		- F	(作) 「 「 = = = =			360 Multiple Depa	180
<u>Total Claims</u> 11 - 20 or H	P = 0	s <u>Fee</u> x	(<u>\$)</u> <u>rees</u> =()	Paid (\$)		Fee (\$)	endent Claims Fee Paid (\$)
HP = highest number of total			<u>v</u>				
Indep. Claims	Extra Claim		(\$) <u>Fees</u>	Paid (\$)		·····	
2 - 3 or HP	'= 0	x	= 0				
HP = highest number of inde	pendent claims paid	for, if greater th	an 3				
3. APPLICATION SIZ If the specification listings under 37 (n and drawings						
sheets or fraction					or small cliff	iy for each auu	nional JV
Total Sheets	<u>Extra Sheets</u>	Numb	per of each a	dditional 50 or frac		<u>Fee (\$)</u>	Fee Paid (\$)
<u>37</u> - 100 =	/:	50=	(rou	ind up to a whole nu	imber) x		=
4. OTHER FEE(S)							Fee Paid (\$
Non-English Spec							
Other (e.g., late fi	ling surcharge):	Surcharge,	Assignmen	t, 1-month Extens	10n		290.00
Signature				egistration No. 35,5 ttorney/Agent)	00/	Telepho	ne 312-460-5
Name (Print/Type) Tim	othy J. Keefer					Date O	ctober 6, 200
his collection of information is	required by 37 CFF	R 1.136. The info	ormation is requ	uired to obtain or retain	a benefit by the	public which is to file	e (and by the
	uon. Connicentiality	is governed by 3		and 37 CFR 1.14. This			
ncluding gathering, preparing, n the amount of time you requ							

RECORDED: 10/10/2006

REEL: 018406 FRAME: 0223