

FORM PTO-1619A
Expires 06/30/99
OMB 0651-0027

U.S. Department of Commerce
Patent and Trademark Office
PATENT

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Conveyance Type

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Merger Other

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Month Day Year

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FORM PTO-1619B
Expires 06/30/99
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Page 2

U.S. Department of Commerce
Patent and Trademark Office
PATENT

Correspondent Name and Address

Area Code and Telephone Number

612-392-7306

Name Alan D. Kamrath, 94-125-00091.IUS (20061052.ORI)

Address (line 1) Nikolai & Mersereau, P.A.

Address (line 2) 900 Second Avenue South

Address (line 3) Suite 820

Address (line 4) Minneapolis, Minnesota 55402

Pages

Enter the total number of pages of the attached conveyance document including any attachments

10

Application Number(s) or Patent Number(s)

Mark if additional numbers attached.

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)
[] [] []
[] [] []
[] [] []

Patent Number(s)
6,179,669 [] []
[] [] []
[] [] []

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number as not been assigned.

PCT [] PCT [] PCT []
PCT [] PCT [] PCT []

Number of Properties

Enter the total number of properties involved.

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$ 40.00

Method of Payment:

Enclosed

Deposit Account

Deposit Account

Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

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. Charges to deposit account are authorized, as indicated herein.

Alan D. Kamrath

Name of Person Signing

Signature

October 23, 2006

Date

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協議書

立書人：黎氏嘉 (LE THI CO) 及蔣喬安 (David CHIANG)。為蔣孝誠 (身分證號碼：H102167079、西元 2005 年 5 月 20 日死亡) 之配偶及兒子，茲就雙方繼承蔣孝誠之下列專利權協議如下。

1. 蔣喬安 (David CHIANG) 聲明放棄繼承下列專利權，由黎氏嘉 (LE THI CO) 繼承

案件名稱	國別	申請日	申請案號	類別
Molded receptacle for a daisy chain power cord assembly	美國	1999/07/12	09/351,154	發明

2. 黎氏嘉 (LE THI CO) 聲明放棄繼承下列專利權，由蔣喬安 (David CHIANG) 繼承

案件名稱	國別	申請日	申請案號	類別
Molded electrical receptacle assembly	美國	1999/4/26	09/295,350	發明

立書人：

1.

黎氏嘉 (LE THI CO)

身分證號碼 (ID No.): AD01820216

地址：台北市信義區基隆路一段 380 巷 30 號 6 樓

2.

蔣喬安 (David CHIANG)

身分證號碼 (ID No.): A126972575

地址：北市天母西路 18 之 7 號 7 樓

西元

2006

年

9

月

5

日

案號	: 001367	日期	: SEP - 5 2006
Case No.		Date	
本文件之簽名或蓋章，在台灣台北地方法院所屬民間公證人忠孝聯合事務所認證。公證人 鄭艾侖			
Attested at the Chung-Hsiao Notary Public Office of Taiwan Taipei District Court, R.O.C, that the signature(s)/seal(s) in this document is/are authentic.			
PATENT			
Notary Public	REEL: 018426 FRAME: 0364		

Paction

I/We the undersigned LE THI CO and David CHIANG do hereby declare that I/We myself/ourselves am/are the statutory spouse and child of Thomas Shiaw-Cherng CHIANG, who passed away on May 20, 2005 with ID No.: H102167079. With regard to the heir of Thomas Shiaw-Cherng CHIANG's patent rights, we have the paction as follows:

I the undersigned David CHIANG do hereby declare that I myself abandon to inherit the following patent right which will be inherited by LE THI CO.

Title	Country	Filing date	Filing number	Classification
Molded receptacle for a daisy chain power cord assembly	USA	1999/07/12	09/351,154	Invention

I the undersigned LE THI CO do hereby declare that I myself abandon to inherit the following patent right which will be inherited by David CHIANG.

Title	Country	Filing date	Filing number	Classification
Molded electrical receptacle assembly	USA	1999/4/26	09/295,350	Invention

Declarer: Le Thi Co

LE THI CO

ID No.: AD01820216

Residence: 6F., No.30, Lane 380, Sec. 1, Keelung Rd., Sinyi District, Taipei City 110, Taiwan (R.O.C.)

Declarer: 蔣奇安 代理人: 陳德全

David CHIANG

ID No.: A126972575

Residence: 7F., No.18-7, Tianmu W. Rd., Shihlin District, Taipei City 111, Taiwan (R.O.C.)

Dated this _____ day of SEP - 5 2006, 2006

**TAIWAN R.O.C. STANDARD
CERTIFICATE OF DEATH**

Registration No. (dept. use only)

4540446

P4121x3

TO BE FILLED OUT BY ISSUER

1. DECEDENT'S NAME (First, Middle, Last) Thomas Shiao-Cherng Chiang		2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. IDENTIFICATION NUMBER H102167078
4. REGISTERED PERMANENT RESIDENCE (Street and number, city, town, country) Floor 6, NO. 30, Lane 380, Section 1, Jil Long Road, Taipei			
5a. DATE OF BIRTH (Month, Day, Year) 4. 27. 1952	5b. TIME OF BIRTH (For death within one week after birth) <input type="checkbox"/> AM Hour Minutes <input type="checkbox"/> PM		
6a. DATE OF DEATH (Month, Day, Year) 5, 20, 2005	6b. TIME OF DEATH <input checked="" type="checkbox"/> AM Hour Minutes <input type="checkbox"/> PM <u>7</u> <u>12</u>		
7a. LOCATION OF DEATH (Street and number, city, town, country) STCW NTUH	7b. PLACE OF DEATH <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Midwifery Center <input type="checkbox"/> Own Residence <input type="checkbox"/> Others		
8. MANNER OF DEATH <input checked="" type="checkbox"/> Death from Illness or Natural Death <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			
9a. KIND OF BUSINESS/INDUSTRY Nil	9b. DECEDENT'S USUAL OCCUPATION Nil		
10. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown			
11. CAUSE OF DEATH (Enter the diseases, injuries, or complications that caused the death. Do not enter the mode dying, such as heart failure or respiratory arrest.)			Approximate Interval between Onset and Death
PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Heart failure DUE TO (OR AS A CONSEQUENCE OF):			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
b. Coronary heart disease DUE TO (OR AS A CONSEQUENCE OF):			
c. Nil			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Nil			

THIS IS TO CERTIFY THAT THE ABOVE STATEMENT IS TRUE.

Name and License Number of Certifying Physician:

Name and Practice License Number of Hospital (Clinic):

National Sun Yat-sen University Hospital

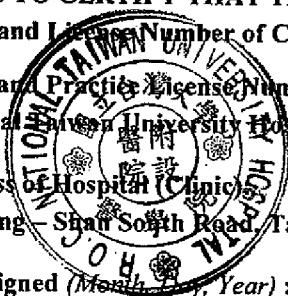
Address of Hospital (Clinic):

7, Chung-Shan South Road, Taipei, Taiwan, 100 Republic of China

Date Signed (Month, Day, Year):

94. 12. 13

Yu Chang Yeh 029550



民國 90 年 7 月 24 日 病歷 委員會 審核 通過

PATENT

REEL: 018420 FRAME: 0366

國立臺灣大學醫學院附設醫院

死亡證明書

病歷號碼: 4540446

死亡證字 0478 號 X20

證明書開具單位填寫			衛生單位註碼
(一)姓名	蔣孝誠	(二)性別 <input checked="" type="checkbox"/> 男 <input type="checkbox"/> 女	(三)國民身分證統一號碼 H102167079
(四)戶籍所在地	台北市 信義區 西村里 隆街一段 30巷 30號之6樓	縣市	鄉鎮
(五)出生年月日時	民國 肆拾肆年 肆月 貳拾柒日 上午 時 分	年	月 日
(六)死亡年月日時	民國 玖拾肆年 伍月 貳拾日 上午 時 分	年	月 日
(七)死亡地點及場所	國立臺灣大學醫學院附設醫院 外科		
(八)死亡種類	<input checked="" type="checkbox"/> 病死或自然死 <input type="checkbox"/> 意外死 <input type="checkbox"/> 自殺 <input type="checkbox"/> 他殺 <input type="checkbox"/> 不詳		
(九)死亡者行職業	①在何處工作從事何種行業 ②擔任何種工作及職務	職業碼	
(十)死亡者婚姻狀況	<input type="checkbox"/> 未婚 <input checked="" type="checkbox"/> 已婚 <input type="checkbox"/> 離婚 <input type="checkbox"/> 配偶死亡 <input type="checkbox"/> 不詳		
(十一)死因	1. 直接引起死亡之疾病或傷害 甲、心臟衰竭 以下空白 乙、(甲之原因): 冠狀動脈心臟病 以下空白 丙、(乙之原因): 2. 其他對於死亡有影響之疾病或身體狀況 (但與引起死亡之疾病或傷害無直接關係者)	發病至死亡之概略時間	原死亡註碼
以上事實確屬無訛特此證明	第 029550 號	診斷或證明者身分代表	
醫師姓名及證書字號	葉育彰	填表人蓋章	
醫院名稱及開業字號	國立台灣大學醫學院附設醫院 北市衛醫字第壹壹捌零零壹肆號		
醫院地址	台北市中山南路七號		
醫師姓名及證書字號	葉育彰 DTIPC37		
診所地址	台北市中山南路七號		
中華民國	玖拾肆年 伍月 貳拾日		

(50-8008-00)(93.9.30本)

註：死因將來如發現錯誤，惟錯誤係在當時難以避免情況下發生時，診斷者不負法律上之責任。

INSTRUCTIONS

1. This certificate shall be filled out after death by physician of hospital (clinic) or administrative and judicial official attending autopsy.
2. For either administrative or judicial official attending autopsy, items 11 and 12 shall be certified by the person attending autopsy and his/her institution.
3. Each item shall be filled out and information in all items shall be in agreement.

4. Instruction for selected items:

Item 5b. — TIME OF BIRTH :

Enter the exact time that death occurred if under 1 week.

Item 9a. — KIND OF BUSINESS/INDUSTRY :

Enter the kind of business or industry to which the occupation listed in item 9b was related, such as fishing, financing, public agency and national defense, or retail trade.

Item 9b. — DECEDENT'S USUAL OCCUPATION :

Enter the recent occupation of the decedent, such as director and chief executive, computer programmer, teacher, ocean fishery worker, plasterer, or cook.

Item 11 — CAUSE OF DEATH :

In Part I, the immediate cause of death is reported on line (a). Antecedent conditions, if any, that gave rise to the cause are reported on lines (b) and (c). Not entering is necessary on lines (b) and (c) if the immediate cause of death on line (a) describes completely the sequence of events. Only one cause should be entered on a line. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the space for the interval blank; if unknown, so specify.

In Part II, enter other important diseases or conditions that contributed to death but did not result in the underlying cause of death given in Part I.