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Attorney docket: 01-1540

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<p>1. Name of conveying party(ies)</p> <p>(1) Shigehiro MUTOH</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: <u>DENSO CORPORATION</u></p> <p>Street Address: <u>1-1, SHOWA-CHO</u></p> <p>City: <u>KARIYA-CITY</u></p> <p>State: <u>AICHI-PREF.</u></p> <p>Country: <u>JAPAN</u> Zip: <u>448-8661</u></p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance/Execution Date(s):</p> <p>Execution Date(s) (1): <u>July 23, 2007</u></p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Joint Research Agreement</p> <p><input type="checkbox"/> Government Interest Assignment</p> <p><input type="checkbox"/> Executive Order 9424, Confirmatory License</p> <p><input type="checkbox"/> Other _____</p>	

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) _____

Additional numbers attached? Yes No

<p>5. Name and address to whom correspondence concerning document should be mailed:</p> <p>Name: <u>POSZ LAW GROUP, PLC</u></p> <p>Street Address: <u>12040 SOUTH LAKES DRIVE, SUITE 101</u></p> <p>City: <u>RESTON</u></p> <p>State: <u>VA</u> Zip: <u>20191</u></p> <p>Phone Number: <u>(703) 707-9110</u></p> <p>Fax Number: <u>(703) 707-9112</u></p> <p>Email Address: _____</p> <p>08/01/2007 CNGUYEN2 00000036 11882130</p> <p>04 FC:8021 40.00 OP</p>	<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40</u></p> <p><input type="checkbox"/> Authorized to be charged by credit card</p> <p><input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p><input checked="" type="checkbox"/> Enclosed</p> <p><input type="checkbox"/> None required (government interest not affecting title)</p> <p>8. Payment Information</p> <p>a. Credit Card Last 4 Numbers _____ Expiration Date _____</p> <p>b. Deposit Account Number <u>50-1147</u></p> <p>Authorized User Name <u>DAVID G. POSZ</u></p>
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9. Signature: Signature _____ Date July 31, 2007

DAVID G. POSZ (REG. NO. 37,701) Name of Person Signing

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

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