

Form PTO-1595 (Rev. 07/05)
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CAB	RECORDATION FORM COVER SHEET PATENTS ONLY	S-101,661
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1. Name of conveying party(ies) <u>Applied Engineering Solutions, LLC</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>United States Department of Energy</u> Internal Address: _____ Street Address: <u>1000 Independence Ave., S.W.</u> City: <u>Washington</u> State: <u>D.C.</u> Country: <u>USA</u> Zip: <u>20585</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance/Execution Date(s): Execution Date(s) <u>October 4, 2007</u> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input checked="" type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>Serial No. 11/423,544</u> B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Mark P. Dvorscak</u> Internal Address: <u>U. S. Dept. of Energy, IPLD</u> Street Address: <u>9800 S. Cass Ave</u> City: <u>Argonne</u> State: <u>IL</u> Zip: <u>60439</u> Phone Number: <u>630-252-2393</u> Fax Number: <u>630-252-2779</u> Email Address: _____	6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ _____ <input type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> None required (government interest not affecting title) 8. Payment Information a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number _____ Authorized User Name _____	
9. Signature: <u>Michael J. Dobbs</u> <u>10/23/07</u> <div style="display: flex; justify-content: space-between;"> Signature Date </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Michael J. Dobbs #58,093 Name of Person Signing <div style="text-align: right;"> Total number of pages including cover sheet, attachments, and documents: 2 </div> </div>		

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PATENT
REEL: 020002 FRAME: 0383

CONFIRMATORY LICENSE

Title of Invention: HYDROFORMING DEVICE AND METHOD

Inventor(s): David E. Guza

Patent Application Serial No.: 11/423,544

Filing Date: June 12, 2006

Patent Number: 7,266,982

Issued Date: September 11, 2007

Name of Contractor (i.e. Contractor, Subcontractor, Grant, or Cooperative Agreement, as applicable): Applied Engineering Solutions, LLC

DOE Contract No. (i.e. Contract, Subcontract, Grant, or Cooperative Agreement, as applicable):
DE-FG02-02ER86141

DOE Case No.: S-101,661

Contractor Docket No.: _____

The Contractor has reported the above-identified invention as a Subject Invention to DOE and has elected to retain title thereto.

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The Government is hereby granted an irrevocable power to inspect and make copies of the above-identified patent application.

Signed this 4th day of October, 2007.

APPLIED ENGINEERING SOLUTIONS, LLC
Contractor Name (Typed)

BY 

David E. Guza, Member

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