## Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Inventor's name previously recorded on Reel 019949 Frame 0603. Assignor(s) hereby confirms the Inventor's name should read Yuji MIYATA.

#### **CONVEYING PARTY DATA**

Name	Execution Date
Yuji MIYATA	09/25/2007

#### **RECEIVING PARTY DATA**

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City:	Aichi				
State/Country:	JAPAN				
Postal Code:	467-8561				

#### PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	11905230

#### **CORRESPONDENCE DATA**

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ATTORNEY DOCKET NUMBER:	075880-0064
NAME OF SUBMITTER:	Michael A. Messina, 33,424

#### Total Attachments: 4

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> REEL: 020412 FRAME: 0594 500447773

10-09-2007

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Docket No.: 075880-0064 10345136	3					
To the Director of the U.S. Patent and Transformer Street						
1. Name of Conveying Party(ies)	2. Name and address of receiving party(ies)					
Yugi MİYATA	Name: BROTHER KOGYO KABUSHIKI KAISHA					
	Internal Address:					
Additional name(s) of conveying party(ies) attached?   Yes   No	•					
3. Nature of Conveyance/Execution Date(s)	Address: 15-1 Naeshiro-cho, Mizuho-ku, Nagoya, Aichi					
	467-8561, JAPAN					
Execution Date(s): September 25, 2007						
★ Assignment       ★ Merger						
☐ Security Agreement ☐ Change of Name						
☐ Joint Research Agreement						
Government Interest Assignment						
Executive Order 9424, Confirmatory License						
Other	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).					
Additional numbers attac						
5. Name and address to whom correspondence concerning	6. Total number of applications and patents					
document should be mailed:	involved: 7 Total fee (37 CFR 1 21(h) & 3.41) \$40.00					
Name: MCDERMOTT WILL & EMERY LLP	7. Total lee (5) Olite (12)(11) as 5111)					
Internal Address:	<ul> <li>☐ Authorized to be charged by credit card</li> <li>☐ Authorized to be charged to deposit account</li> </ul>					
	Authorized to be charged to deposit account  Enclosed					
Street Address: 600 13th Street, N.W.	I I Enclosed					
	None required (government interest not affecting title)					
City: Washington State: D. C. Zip: 20005-3096	None required (government interest not affecting title)					
City: Washington State: D. C. Zip: 20005-3096  Phone Number: 202.756.8000	None required (government interest not affecting title)					
City: Washington State. D. C. 2-p.	None required (government interest not affecting title)  8. Payment Information:					
Phone Number: 202.756.8000	None required (government interest not affecting title)  8. Payment Information:					
Phone Number: 202.756.8000  Fax Number: 202.756.8087	None required (government interest not affecting title)  8. Payment Information:  a. Credit Card Last 4 Numbers  Expiration Date  b. Deposit Account Number 500417					
Phone Number: 202.756.8000  Fax Number: 202.756.8087	None required (government interest not affecting title)  8. Payment Information:  a. Credit Card Last 4 Numbers Expiration Date Expiration Date September 500417					
Phone Number: 202.756.8000  Fax Number: 202.756.8087	None required (government interest not affecting title)  8. Payment Information:  a. Credit Card Last 4 Numbers Expiration Date Expiration Date Authorized User Name					
Phone Number: 202.756.8000 Fax Number: 202.756.8087 Email Address:	None required (government interest not affecting title)  8. Payment Information:  a. Credit Card Last 4 Numbers Expiration Date Expiration Date Authorized User Name					
Phone Number: 202.756.8000 Fax Number: 202.756.8087 Email Address:	None required (government interest not affecting title)  8. Payment Information:  a. Credit Card Last 4 Numbers Expiration Date Expiration Date Authorized User Name  September 28, 2007					
Phone Number: 202.756.8000 Fax Number: 202.756.8087 Email Address:  9. Signature. Michael A. Messina 33,424	None required (government interest not affecting title)  8. Payment Information:  a. Credit Card Last 4 Numbers Expiration Date Expiration Date Authorized User Name  September 28, 2007  Signature					
Phone Number: 202.756.8000 Fax Number: 202.756.8087 Email Address:  9. Signature. Michael A. Messina 33,424	None required (government interest not affecting title)  8. Payment Information:  a. Credit Card Last 4 Numbers  Expiration Date  b. Deposit Account Number 500417  Authorized User Name  September 28, 2007					

PATENT

**REEL: 020412 FRAME: 0595** 

### **ASSIGNMENT**

		(1)	Yuji MIYA	TA					(5)					
B) Insert		(2)												
Name(s) of Inventor(s)	(3)													
	•													
	·	•••	In consid	eration o	f the s	um o	one d	oliar (\$1.0	0) ar	nd othe	r good a	nd valuat	ole consideration does assign, tr	ns paid
	Insert Name of Assignee	(9)	BROTHE	R KOGYO	) KAB	USH	KI KAI	SHA						
)	Insert Address of Assignee	(10)	15-1 Naeshiro-cho, Mizuho-ku, Nagoya, Aichi 467-8561, Japan											
			(hereinafter designated as the Assignee) the entire right, title and interest for the United States of America as defined in 35 U.S.C. §100, in the invention, and in all applications for patent including any and all provisional, non-provisional, divisional, continuation, substitute, and reissue application(s), and all Letters Patent, extensions, reissues and reexamination certificates that may be granted on the invention known as											
)	insert Identification	(11)	Image Forming System											
	of Invention such as Title, Case	•												
	Number, or Foreign Application Number		(Attorney	(Attorney Docket No. 075880-0064										
			for which the America	he under	signed	d has	(have	) executed	d an	applic	ation for	patent ir	n the United Sta	ates of
3)	Insert Date of Signing of Application	(12)	on _		Sep.	25	, 20	07				<u> </u>		<del></del>
i)	Alternative Identification for filed applications	(13)	U.S. applic	ation Se	rial Nu	mber								
ther it	ue applications for the oplications and patents 2) The undersigned any application of ate with the Assigned in 3) The undersigned imms or provisions of the 4) The undersigned amination a grant of a 5) The undersigned ted States resulting from the expenses in conflict he 6) The undersigned identification which more recordation of this confliction of this confliction and patents.	as the agreement of agreement agreem	e Assignees e(s) to execu- nuation or dividently way possitive(s) to execu- mational Cor- lunited States by authorized d application the entire in by grant(s) the necessary or	may dee cute all prision their obtained in	m necessareof, o aining ers ar Promativo the Aeques said Aerein a	ressai nece r any evide nd do tectio re act \ssign \ssign \ssign	y. ssary patent nce an cumen n of In s which nee. ne Con nee, as ed, an	in connector reissue digoing fots and per dustrial Promay be maissione Assigned dithat he lii.i. & EMI	dion approver form oper nece r of the has	with audication distributed with a strong action at the continuous and	ny interfer based to such inte- ct which milar agri- to obtain to issue e interes ave) not	erence whereon, for ference. may be neements., maintaine any and t, and here executed to insert	fnich may be de or the invention, necessary in conr n or confirm by r d all Letters Pat- reby covenants t d, and will not ex on this assignment	eclared and to nection reissue ents of that he recute, ent any
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**PATENT REEL: 020412 FRAME: 0596** 

**RECORDED: 12/21/2007**