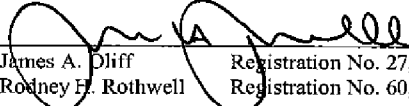


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1. A. Name of conveying parties: MEG INC. 42, MINAMIYOUCHI, HIGASHIBATA-CHO ANJO-SHI, AICHI-KEN, 444-1213 JAPAN B. Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			2. A. Name and address of receiving party: MEG INC. 20, YOKOYAMA, FUKAMA-CHO ANJO-SHI, AICHI 446-0052 JAPAN B. Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. A. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other - <u>Change of Address</u> B. Execution Date: <u>January 9, 2009</u>					
4. A. Patent Application No. <u>12/309,818</u> B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C. Title of Application: <u>ASSEMBLY MEMBER AND METHOD OF MANUFACTURING ASSEMBLY MEMBER</u>					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>James A. Oliff</u> Address: OLIFF & BERRIDGE, PLC P.O. Box 320850 Alexandria, VA 22320-4850 Phone Number: 703-836-6400 Fax Number: 703-836-2787			6. Total number of applications and patents involved: <u>1</u> 7. Please charge Deposit Account No. 15-0461 the total fee (37 CFR 3.41) in the amount of <u>\$40.00</u> . 8. Credit any overpayment or charge any underpayment to deposit account number 15-0461.		
9. Statement and signature. <i>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.</i> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  James A. Oliff Rodney E. Rothwell </div> <div style="text-align: center;"> Registration No. 27,075 Registration No. 60,728 </div> <div style="text-align: right;"> Date: <u>March 3, 2009</u> </div> </div>					

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