


Form PTO-1595 (Rev. 07/05)  
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<b>1. Name of conveying party(ies)</b> <u>University of Massachusetts</u>  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2. Name and address of receiving party(ies)</b> 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	
<b>3. Nature of conveyance/Execution Date(s):</b> Execution Date(s) <u>September 15, 2009</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 _____	<b>4. Application or patent number(s):</b> <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>Serial No. 12/551,039</u>  B. Patent No.(s)  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>5. Name and address to whom correspondence concerning document should be mailed:</b> 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: _____	<b>6. Total number of applications and patents involved:</b> <u>1</u>  <b>7. Total fee (37 CFR 1.21(h) &amp; 3.41) \$</b> _____ <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)	
<b>8. Payment Information</b> a. Credit Card Last 4 Numbers _____ Expiration Date _____  b. Deposit Account Number _____ Authorized User Name _____		
<b>9. Signature:</b> <u>Michael J. Dobbs</u> <u>12/14/2009</u> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Signature         </div> <div style="text-align: center;">           Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>Michael J. Dobbs #58,093</u>            Name of Person Signing         </div> <div style="text-align: center;">           Total number of pages including cover sheet, attachments, and documents: <span style="border: 1px solid black; padding: 2px 10px;">2</span> </div> </div>		

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