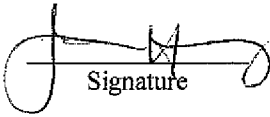


Docket No.: JCLA33064-DS

Form 1595 (Rev. 09/04)	<b>RECORDATION FORM COVER SHEET</b>	U.S. Department of Commerce Patent and Trademark Office						
<b><u>PATENTS ONLY</u></b>								
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.								
1. Name of conveying party(ies):  <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Names(s)</td> <td style="width:50%;">Date of Execution</td> </tr> <tr> <td>WADA, ASUKA</td> <td>Nov. 5, 2009</td> </tr> <tr> <td>HIRAGA, AIKO</td> <td>Nov. 4, 2009</td> </tr> </table>	Names(s)	Date of Execution	WADA, ASUKA	Nov. 5, 2009	HIRAGA, AIKO	Nov. 4, 2009	2. Name/address of receiving Party(ies):  (1) TOSHIBA LIGHTING & TECHNOLOGY CORPORATION 1-201-1, FUNAKOSHI-CHO, YOKOSUKA-SHI, KANAGAWA, JAPAN  (2) KABUSHIKI KAISHA TOSHIBA 1-1, SHIBAURA 1-CHOME, MINATO-KU, TOKYO, JAPAN  Add'l name(s)/address(es) of receiving parties Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Names(s)	Date of Execution							
WADA, ASUKA	Nov. 5, 2009							
HIRAGA, AIKO	Nov. 4, 2009							
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Other <input type="checkbox"/> Change of Name <input type="checkbox"/> Reassignment								
4. Application number(s) or patent number(s):								
A. Patent Application No. (s)  29/352,813  Additional numbers attached?	B. Patent No. (s)   <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
5. Name and address of party to whom Correspondence concerning document should be mailed:  J. C. Patents 4, Venture Suite 250 Irvine, CA. 92618 Tel: (949) 660-0761 Fax: (949) 660-0809 E-mail: jcpi@msn.com	6. Total No. of applications and patents involved:  ONE(1)	7. Total fee (37 CFR §3.41): \$40.00 <input type="checkbox"/> Authorized to be charge by credit card <input checked="" type="checkbox"/> Authorized to be charge to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)						
8. Payment Information a. Credit Card Last Numbers _____ Expiration Date _____ b. Deposit Account Number <u>50-0710</u> Authorized User Name <u>Jiawei Huang</u>								
Atty Docket No.: JCLA33064-DS								
9. Statement and Signature:  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.								
<u>Jiawei Huang</u> Name of Person Signing Registration No. 43,330	 Signature	<u>12-28-2009</u> Date						
		Total number of pages including cover sheet, attachments, and documents: 3						

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### ASSIGNMENT CONTINUED

IN TESTIMONY WHEREOF, Assignor has/have signed his/her/their name(s) on the date(s) indicated.

Signature: Asuka Wada Date Nov. 5, 2009  
First Joint Inventor: **Asuka Wada**

Signature: Aiko Hiraga Date Nov. 4, 2009  
Second Joint Inventor: **Aiko Hiraga**

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Third Joint Inventor:

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Fourth Joint Inventor: