

FORM PTO-1595
(Rev. 6-93)
OMB No. 0651-0011 (exp. 4/94)
HSML- 14434.0109USWO

RECORDATION FORM COVER SHEET
PATENTS ONLY

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof

<p>1. Name of conveying party(ies):</p> <p>Nippon Sheet Glass Company, Limited 1-7, Kaigan 2-chome Minato-ku, Tokyo 105-8552 Japan</p>	<p>2. Name and address of receiving party(ies):</p> <p>Nippon Sheet Glass Company, Limited 5-27, Mita 3-chome, Minato-ku Tokyo 108-6321 Japan</p>
<p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other: Assignee Change of Address

Execution Date: May 20, 2010

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s) B. Patent No.(s)


10/594,936

Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Douglas P. Mueller Address: Hamre, Schumann, Mueller & Larson P.C. P. O. Box 2902 Minneapolis, MN 55402-0902</p>	<p>6. Total number of applications and patents involved: 1</p> <p>7. Total fee (37 CFR 3.41): \$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to Deposit Account No. 50-3478.</p> <p>8. Please charge any additional fees or credit any overpayments to our Deposit account number: 50-3478</p>
--	--

DO NOT USE THIS SPACE

9. 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.

Curtis B. Hamre  May 20, 2010

Name of Person Signing Signature Date

Total number of pages including attachments and document: 2

Do not detach this portion

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents and Trademarks
Mail Stop Assignments
P. O. Box 1450
Alexandria VA 22313-1450

Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of information systems, PK2 1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project (06540011), Washington, D.C. 20503.

52835
PATENT TRADEMARK OFFICE

CH \$40.00 503478 10594936

NO DOCUMENTATION REQUIRED.