| FORM PTO-1595 CORRECTED . CORDATION (Rev. 6-93) PATENTS COMB No. 0651-0011(exp. 4/94)                                                                                                                                                    | FORM COVEF HEET U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office                                                                                                           |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.                                                                                                                  |                                                                                                                                                                                   |  |  |  |  |
| Name of conveying party:     Yutaka KOBAYASHI, Kouichi NEHASHI, Keiji NOMARU,     Yasuomi KANEUCHI                                                                                                                                       | Name and address of receiving party(ies)     Name: DISCO CORPORATION                                                                                                              |  |  |  |  |
| Additional name(s) of conveying party(ies) attached? ( ) Yes (X ) No                                                                                                                                                                     | Internal Address:                                                                                                                                                                 |  |  |  |  |
| 3. Nature of conveyance:                                                                                                                                                                                                                 | Street Address: <u>13-11, Omori-Kita 2-chome</u>                                                                                                                                  |  |  |  |  |
| ( ) Assignment ( ) Merger                                                                                                                                                                                                                | Ota-ku, Tokyo 143-8580 Japan                                                                                                                                                      |  |  |  |  |
| ( ) Security Agreement ( ) Change of Name                                                                                                                                                                                                | City: State: ZIP:                                                                                                                                                                 |  |  |  |  |
| (X) Other Corrected Assignment from original Reel/Frame: 019719/0654, correcting Assignee's name and address                                                                                                                             | Additional name(s) & address(es) attached: ( ) Yes (X ) No                                                                                                                        |  |  |  |  |
| Execution Date: July 27, 2007                                                                                                                                                                                                            | <u> </u>                                                                                                                                                                          |  |  |  |  |
| 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)                                                                               |                                                                                                                                                                                   |  |  |  |  |
| A. Patent Application No.(s)                                                                                                                                                                                                             | B. Tatem No.(6)                                                                                                                                                                   |  |  |  |  |
| 11/890,826                                                                                                                                                                                                                               |                                                                                                                                                                                   |  |  |  |  |
| Additional numbers attached? ( ) Yes (X) No  5. Name and address of party to whom correspondence  6. Total number of applications and patents involved:                                                                                  |                                                                                                                                                                                   |  |  |  |  |
| concerning document should be mailed:  Patrick G. Burns  Name: Greer, Burns & Crain, Ltd. Internal Address: 300 South Wacker Drive Suite 2500 Chicago, Illinois 60606                                                                    | 7. Total fee (37 CFR 3.41) \$ 40.00  ( ) Enclosed  (X) Authorized to be charged to deposit account (duplicate copy enclosed). (Fee for correction previously paid June 29, 2010). |  |  |  |  |
| Street Address:                                                                                                                                                                                                                          | Deposit account number:                                                                                                                                                           |  |  |  |  |
| City: State: ZIP:<br>Additional name(s) & address(es) attached: ( ) Yes 🗶 ) No                                                                                                                                                           | 07-2069 (Attach duplicate copy of this page if paying by deposit account)                                                                                                         |  |  |  |  |
| DO NOT USE THIS SPACE                                                                                                                                                                                                                    |                                                                                                                                                                                   |  |  |  |  |
| 9. Statement and signature.  To the best of my knowledge and belief, the foregoing information the original document.  James K. Folker  Name of Person Signing  Significant contents the foregoing information to the original document. | js true and correct and any attached copy is a true copy of  July 28, 2010  Date                                                                                                  |  |  |  |  |
| Total number of pages including cover sheet, attachments, and document:                                                                                                                                                                  |                                                                                                                                                                                   |  |  |  |  |

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

3531.78796

Mail Stop Assignment Recordation Services
Director of the U.S. Patent and Trademark Office
P.O. Box 1450, Alexandria, VA 22313-1450

| Form PTO-1595 (Rev. 07/05)                                       | 08-15-                       | 2007                                               | U.S. I                               | RTMENT OF COMMERCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
|------------------------------------------------------------------|------------------------------|----------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| OMB No. 0651-0027 (exp. 6/30/2008)                               |                              |                                                    | United :                             | T GOOD WAS TO COMMENT OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |
|                                                                  | 10343                        | 6820                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| To the Director of the U.S. Patent an.                           | 100-10<br>                   | e record the attached                              |                                      | the new address(es) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Old SIL   |
| 1. Name of conveying party(ies)                                  |                              | 2. Name and address of receiving party(les)        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Yufaka KOBAYASHI                                                 |                              | Name: FWITSU LIMITED                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Yutaka KOBAYASHI<br>Kouichi NEHASHI<br>Kelji NOMARU              |                              | Internal Address:                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •         |
| Yesuomi KANEUCHI Additional name(s) of conveying party(les) atta | ched? Yes No                 |                                                    |                                      | And the second s |           |
|                                                                  | Date(s):                     | Street Address:                                    | 1-1, Kamikod                         | anaka, 4-chome,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -         |
| 3. Nature of conveyance/Execution Execution Date(s)              |                              | Nakahara-ku, Kawasaki-shi, Kanaqawa Japan 211-8588 |                                      | gawa Japan 211-8588                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | .         |
|                                                                  | erger                        |                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         |
| Security Agreement C                                             | hange of Name                | City:                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -         |
| Joint Research Agreement                                         |                              | State:                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .         |
| Government Interest Assignment                                   |                              | Country:                                           |                                      | Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ł         |
| Executive Order 9424, Confirmate                                 | ory License                  |                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -         |
| Other                                                            |                              | Additional name(s                                  | s) & address(e                       | s) attached? Yes V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>60</b> |
| 4. Application or patent number(s):                              | ✓ This                       | document is beir                                   | ng filed togeti                      | ner with a new application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n.        |
| A. Patent Application No.(s)                                     |                              | B. Patent No                                       | o.(s)                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         |
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| FC:821 / 40.00 OP                                                | 1                            |                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|                                                                  | <br>Additional numbers at    | tached? Yes                                        | 7]No                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| 5. Name and address to whom com                                  |                              |                                                    |                                      | tions and patents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| concerning document should be m                                  | ailed:                       | involved: 1                                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _         |
| Name: Patrick G. Bums                                            |                              | 7. Total fee (37                                   | CFR 1.21(h                           | ) & 3.41) \$ <u>40.00</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |
| Internal Address:                                                |                              | Authorized                                         | to be charge                         | ed by credit card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |
|                                                                  |                              | Authorized                                         | to be charge                         | ed to deposit account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | i         |
| Street Address: Greer, Burns & Crein, Ltd                        |                              | ✓ Enclosed                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| 300 South Wacker Drive, Suite 2500                               |                              | None requi                                         | ired (governm                        | ent interest not affecting lit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | le)       |
| City: Chicago                                                    |                              | 8. Payment in                                      | formation                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|                                                                  | PARAF                        | a. Credit Car                                      |                                      | umbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -         |
| State: Ninois Zip:Zip:                                           | 50000                        |                                                    | Expiratio                            | n Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -         |
|                                                                  | Phone Number: (312) 380-0080 |                                                    | ccount Num                           | ber <u>07-2069</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
|                                                                  | Fax Number: (312) 360-9315   |                                                    | Authorized User Name Parick G, Burns |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [         |
| Email Address: docket@qbclsw.net                                 |                              |                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| 9. Signature:                                                    |                              |                                                    |                                      | August 8, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |
|                                                                  | Signature                    | -                                                  |                                      | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
| Patrick G. I<br>Name of Pers                                     |                              | I                                                  | ous number or ;<br>sheet, sitschme   | pages including cover ants, and documents:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ╝         |
| (value of reis                                                   | Or Oldinia                   |                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |

Documents to be recorded (including cover sheet) should be faxed to (671) 273-9140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

Atty. Docket: 1924.78796

REEL: 026110 FRAME: 0170

## U.S. ASSIGNMENT

| IN CONSIDERATION of the surn of One Dollar (inventor(s) (hereinafter, "ASSIGNOR") by (Insert Name(s) & Address(es) of ASSIGNEE(S))                                                                                                                                                                                                           | \$1.00), and of other good and valuable                                                                                            | consideration paid to the undersigned                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| DISCO CORPORATION                                                                                                                                                                                                                                                                                                                            |                                                                                                                                    |                                                                                                                                        |
| 13-11, Omori-Kita 2-chome, Ota-ku, Toky                                                                                                                                                                                                                                                                                                      | o. 143-8580 Japan                                                                                                                  |                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                                        |
| (hereinafter, "ASSIGNEE"), the receipt of which is hereinafter, title and exclusive right, title and intentation of invention)                                                                                                                                                                                                               | by acknowledged, the undersigned ASSIG est to the invention entitled                                                               | NOR hereby sells, assigns and transfers to                                                                                             |
| LASER BEAM IRRADIATION APPARAT                                                                                                                                                                                                                                                                                                               | TUS AND LASER WORKING M                                                                                                            | ACHINE                                                                                                                                 |
| relating to International Patent Application PCT/JP/ executed on even date herewith or, if not so executed, was                                                                                                                                                                                                                              | AS:                                                                                                                                | for Letters Patent of the United States was                                                                                            |
| (a) executed on                                                                                                                                                                                                                                                                                                                              | _; finseri date of execution of appl                                                                                               | lication, if not concurrent)                                                                                                           |
| (b) filed on;                                                                                                                                                                                                                                                                                                                                | Assignee's attorney is hereb data, when known.                                                                                     | y authorized to insert in (b) the specified                                                                                            |
| and to said application and all Letters Patent(s) of the Un<br>substitute, reissue or reexamination application based the<br>including any extensions thereof (collectively, hereinafte                                                                                                                                                      | reon, for the full term or terms for which th                                                                                      | ie 2310 meterz extent(2) may ne Branco min                                                                                             |
| The ASSIGNOR agree(s), when requested by said AS which the ASSIGNEE may deem necessary, desirable or including in the preparation and prosecution of said appli reexamination, or public use proceeding, and in any litiga acts to include but not be limited to executing all papers, swom testimony, and obtaining and producing evidence. | expedient, for securing, maintaining and dication(s) and the issuance of said Letters I tion or other legal proceeding which may a | enforcing protection for said invention,<br>Patent(s), in any interference, reissue,<br>urise or be declared in relation to same, such |
| IN WITNESS WHEREOF, the undersigned inventor(                                                                                                                                                                                                                                                                                                | s) has (have) affixed his/her/their signatur                                                                                       | c(s).                                                                                                                                  |
| 1) Yutaka Kobuyashi (Signature)                                                                                                                                                                                                                                                                                                              | Yutaka Kobayashi<br>(Type Name)                                                                                                    | July 27, 2007<br>(Date)                                                                                                                |
| 2) Kouichi Nehashi<br>(Signature)                                                                                                                                                                                                                                                                                                            | Kouichi Nehashi<br>(Type Name)                                                                                                     | July 27, 2007<br>(Date)                                                                                                                |
| 3) Keiji Nomaru<br>(Signature)                                                                                                                                                                                                                                                                                                               | Keiji Nomaru<br>(Type Nome)                                                                                                        | July 27, 2007<br>(Date)                                                                                                                |
| 4) Yasuami kanenchi<br>(Signature)                                                                                                                                                                                                                                                                                                           | Yaşuqmi Kaneuchi<br>(Type Name)                                                                                                    | July 27, 2007<br>(Date)                                                                                                                |
| 5)(Signature)                                                                                                                                                                                                                                                                                                                                | (Type Name)                                                                                                                        | (Date)                                                                                                                                 |

PATENT REEL: 026110 FRAME: 0171

**RECORDED: 03/30/2011**