

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4184149

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Kensei HATA	10/27/2016
Yuji IWASE	10/27/2016
Yosuke SUZUKI	10/27/2016
Koichi KATO	10/27/2016
Seitaro NOBUYASU	10/27/2016
Taro MOTOKI	10/27/2016
RECEIVING PARTY DATA	
Name:	TOYOTA JIDOSHA KABUSHIKI KAISHA
Street Address:	1, TOYOTA-CHO
City:	TOYOTA-SHI, AICHI-KEN
State/Country:	JAPAN
Postal Code:	471-8571
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15304974
CORRESPONDENCE DATA	
Fax Number:	(703)836-2787
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	703-836-6400
Email:	email@oliff.com
Correspondent Name:	JAMES A. OLIFF
Address Line 1:	OLIFF PLC
Address Line 2:	P.O. BOX 320850
Address Line 4:	ALEXANDRIA, VIRGINIA 22320-4850
ATTORNEY DOCKET NUMBER:	173497
NAME OF SUBMITTER:	KIMBERLY SCOTT
SIGNATURE:	/Kimberly C. Scott/ for James A. Oliff
DATE SIGNED:	12/14/2016
This document serves as an Oath/Declaration (37 CFR 1.63).	

PATENT

Total Attachments: 2

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In witness whereof, executed by the undersigned on the date(s) opposite the undersigned name(s).

Date October 27, 2016 Inventor Signature Kosei Wata (SEAL)

Date October 27, 2016 Inventor Signature Yuji Oiwase (SEAL)

Date October 27, 2016 Inventor Signature Yoshiki Suguchi (SEAL)

Date October 27, 2016 Inventor Signature Kaichi Kato (SEAL)

Date October 27, 2016 Inventor Signature Sitaro Nobuyama (SEAL)

Date October 27, 2016 Inventor Signature Taro Motoki (SEAL)

Date _____ Inventor Signature _____ (SEAL)

Date _____ Inventor Signature _____ (SEAL)

This assignment should preferably be signed before: (a) a Notary Public if within the U.S.A. (b) a U.S. Consul if outside the U.S.A. If neither, then it should be signed before at least two witnesses who also sign here:

Date _____ Witness _____

Date _____ Witness _____