Report of Inventions and Subcontracts

Pursuant to "Patent Rights" Contract Clause

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Instructions to Contractors: This form (to be completed in triplicate) is for use in submitting **Interim** and **Final** reports to the Contracting Officer. An **Interim** report shall be submitted at least every twelve months, commencing with the date of the contract, and should include only those inventions and subcontracts for which the information requested below has not been previously reported. A **Final** report shall be submitted as soon as practicable after the work under the contract is complete and shall include (a) a summary of all inventions required by the contract to be reported, including all inventions previously reported and any inventions since the last Interim report; and (b) any required information for subcontracts which has not been previously reported.

1. Name and Address of Contractor (Include Zip Code)	2. Contract Number		
	3. Type of Report (Check one)		

Section I: Inventions ("Subject Inventions" required to be reported by the "Patent Rights" clause.) 4. Invention Data (Listed below are all inventions required to be reported. If none, so state.)

Name of Inventor	Title of Invention	Patent Applica Serial Numb if available or Contracto Disclosure I.D.	er, fi , F or	Contractor has filed or will file U.S. Patent Application			
				Yes	No	Yes	No
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Section II: Subcontracts (Containing a "Patent Rights" clause.) 5. Listed below is information required but not previously reported for Subcontracts. (If none, so state.)							
Name and Address of S (Include Zip C	Subcontractor	Subcontract Number			eted		

	Officer (mm/dd/yyyy)	(mm/dd/yyyy)

Section III: Certificate

Contractor certifies that this report of Inventions and Subcontracts, including any attachments, is complete and correct to the best of the contractor's knowledge and belief.

Name and Title of Authorized Official (Print or type)	Signature	Date (mm/dd/yyyy)