

COMPANY PROPRIETARY INFORMATION

REPORT OF FIRST COMMERCIAL SALE

LICENSE NUMBER	LICENSEE or SUBLICENSEE NAME	REPORTING PERIOD	REPORT DATE

Date of First Commercial Sale/Lease	Place of First Commercial Sale/Lease	Description of Licensed Products/ Methods sold or leased

Commercial name of Licensed Products/ Methods	Place of Manufacture	Manufacturer (if not Licensee)

Name and title of person completing this form:

Contact information:

Telephone number: _____

Fax number: _____

Email address: _____

Thank you for taking the time to provide this information. Please submit this report electronically to ipo-royalties@llnl.gov. If you have any questions regarding this report, please contact Nina Potter at (925) 423-7310 or email: potter14@llnl.gov

COMPANY PROPRIETARY INFORMATION