

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

	YES	NO
Are you planning to manufacture substantially in the U.S.? If NO, please explain	<input type="checkbox"/>	<input type="checkbox"/>
Any sublicense granted? If YES, please add the company name(s) below and confirm that a copy has been provided to LLNS LLC Company Name(s):	<input type="checkbox"/>	<input type="checkbox"/>
Have you sublicensed or plan to sublicense to a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>

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