FINAL INVENTIONS STATEMENT & CERTIFICATION FOR SUBRECIPIENTS

A. We hereby certify that, to the best of our knowledge and belief, all inventions are listed below which were conceived and/or first actually reduced to practice during the course of work under the above referenced subagreement for the period:

original start date through date of termination

B. Inventions (Note: If no inventions have been made under the grant or award, insert the word "NONE" in the "Title of Invention" column below.)

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<tr>
<th>Name of Inventor</th>
<th>Title of Invention</th>
<th>Date reported to UNR</th>
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C. First Signature - The person responsible for the grant or award is required to sign & date (in ink).

Authorizing Official | Title | Signature & Date

Subrecipient’s Mailing Address:

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EQUIPMENT REPORT

Equipment was purchased during the Subagreement Reporting Period: □ Yes □ No

If yes, equipment was purchased during the subagreement period, please provide the following information:

- Description of the equipment item
- Manufacturer, model number and serial number
- Cost charged to the subagreement
- Acquisition date
- Request for disposition or title to equipment

Authorizing Official | Title | Signature & Date

OSP-6 (rev. 04/06)