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Docket No. CE01626R

100720942

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Assistant Commissioner for Patents: Please record the attached original documents or copy thereof.

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| <p>1. Name of conveying party(ies): Joel Anthony Clark</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>2. Name and address of receiving party(ies):</p> <p>Name: <u>Motorola, Inc.</u></p> <p>Internal Address: <u>Corporate Offices</u> <u>Intellectual Property Department</u></p> <p>Street Address: <u>1303 East Algonquin Road</u></p> <p>City: <u>Schaumburg</u></p> <p>State: <u>Illinois</u></p> <p>ZIP code: <u>60196</u></p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Date: <u>Herewith</u></p> | |

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09/079013
05/14/98

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: Herewith

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|---|--------------------------|
| <p>A. Patent Application No.(s): <u>09/079013</u></p> | <p>B. Patent No.(s):</p> |
| <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |

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| <p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Motorola, Inc.</u></p> <p>Internal Address: <u>Cellular Subscriber Sector</u> <u>Intellectual Property Department</u></p> <p>Street Address: <u>600 North US Highway 45</u></p> <p>City: <u>Libertyville</u> State: <u>IL</u> ZIP: <u>60048</u></p> | <p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41) \$ <u>40.00</u> <u>E</u></p> <p><input type="checkbox"/> Enclosed</p> <p><input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <u>13-4768</u></p> |
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9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

John J. Oskorep 41,234 [Signature] 5/14/98
Name of Person Signing Reg. No. Signature Date

OMB No. 0651-0011 (exp. 4/94)

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