

10-26-1998

FORM PTO-1595
1-31-92

MRD
10-16-98



RE

100860348
PATENTS ONLY

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office
Attorney Docket No: MSFT112540

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

1. Name of conveying party(ies):

(1) Ketan K. Dalal, (2) Ian B. Pieragostini, and (3) Stephen J. Lacey

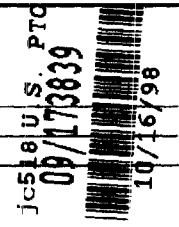
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):

Name: Microsoft Corporation
Address: One Microsoft Way

City: Redmond State: WA ZIP: 98052

Additional name(s) & address(es) attached? Yes No



3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____
Execution date: (1) and (2) 10/12/98; (3) 10/15/98

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

A. Patent Application No(s). _____
B. Patent No(s). _____

Additional numbers attached? Yes No

If this document is being filed together with a new application, the execution date of the application is: October 12 and 15, 1998

5. Name and address of party to whom correspondence concerning document should be mailed:

Gary S. Kindness, Esq.
CHRISTENSEN O'CONNOR
JOHNSON & KINDNESS^{PLLC}
1420 Fifth Avenue
Suite 2800
Seattle, WA 98101-2347
(206) 682-8100

6. Total number of applications and patents involved: 1

7. Total fee (37 C.F.R. 3.41): \$ 40.00
Check No. 100115 in the amount of \$40 is enclosed.

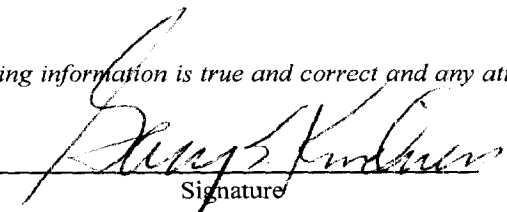
8. The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.18 which may be required during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 03-1740. This authorization also hereby includes a request for any extensions of time of the appropriate length required upon the filing of any reply during the entire prosecution of this application. A copy of this sheet is enclosed.

DO NOT USE THIS SPACE

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.

Gary S. Kindness _____
Name of Attorney or Agent
Registration No. 22,178
Direct Dial (206) 224-0702

 _____
Signature

10/16/98
Date

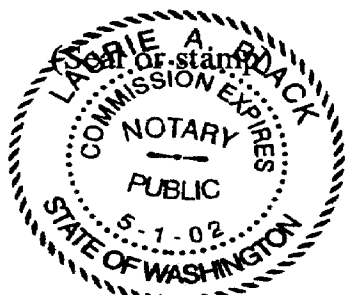
Total number of pages including cover sheet, attachments and document: 4

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

10/23/1998 TTUN11 00000229 09173839
01 FC:581 40.00 GP

acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 10.12.98



Laurie A. Black

Signature

Printed Name: LAURIE A. BLACK

Notary Public

My appointment expires 5.1.02

Executed at Redmond, Washington, this 12th day of October, 1998.

Ian B. Pieragostini

Ian B. Pieragostini

STATE OF WASHINGTON)

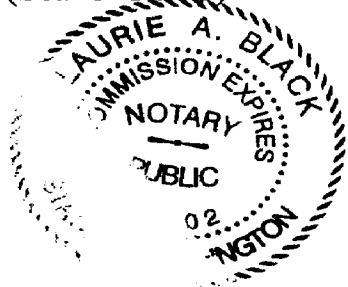
) ss.

COUNTY OF KING)

I certify that I know or have satisfactory evidence that **Ian B. Pieragostini** is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 10.12.98

(Seal or stamp)



Laurie A. Black

Signature

Printed Name: LAURIE A. BLACK

Notary Public

My appointment expires 5.1.02

