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FORM PTO-1595 (Rev. 6-93)

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

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other **Corrected Recordation Cover Sheet**

Execution Date:

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

Name: Andrew Corporation

Internal Address:

Street Address: 10500 W. 153rd Street

City: Orland Park State: IL Zip: 60462

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

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

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

A. Patent Application No.(s): **09/398,708**

B. Patent No.(s):

Additional numbers attached? Yes No

6. Total number of applications and patents involved: 1

7. Total fee (37 C.F.R. 3.41)----- \$

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8. Deposit account number: 01-2508/ANDU:510
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5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **Stephen G. Rudisill**
Arnold White & Durkee
P.O. Box 4433

City: **Houston** State: **Texas** Zip: **77210**

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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.

Mark V. Campagna

Name of Person Signing, Reg. No. 42.380

Signature: *Mark V. Campagna*

Date: 1/7/00

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10678 U.S. PTO
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4. Application number(s) or registration number(s):

If this document is being filed together with a new application, the execution date of the application is: 9/20/99

<p>A. Patent Application No.(s):</p> <p><u>09/398708</u></p>	<p>B. Patent No.(s):</p>
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Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Stephen G. Rudisill</u> <u>Arnold White & Durkee</u> <u>P.O. Box 4433</u></p> <p>City: <u>Houston</u> State: <u>Texas</u> Zip: <u>77210</u></p>	<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total fee (37 C.F.R. 3.41)----- \$ <u>40.00</u></p> <p><input checked="" type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted</p> <p>8. Deposit account number: <u>01-2508/ANDU:510</u> (Attach duplicate copy of this page if paying by deposit account)</p>
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<p><u>Mark V. Campagna</u></p> <p>Name of Person Signing, Reg. No. 42,380</p>	<p><u>Mark</u></p> <p>Signature</p>	<p><u>9/20/99</u></p> <p>Date</p>
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