

03-13-2000

FORM PTO-1619A

Expires 06/30/99
OMB 0651-0027

101288840

U.S. Department of Commerce
Patent and Trademark Office
PATENTMKO
2.8.00**RECORDATION FORM COVER SHEET
PATENTS ONLY**

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- ☒ New
- ☐ Resubmission (Non-Recordation)
Document ID#
- ☐ Correction of PTO Error
Reel # Frame #
- ☐ Corrective Document
Reel # Frame #

Conveyance Type

- ☒ Assignment ☐ Security Agreement
- ☐ License ☐ Change of Name
- ☐ Merger ☐ Other
- U.S. Government**
(For Use ONLY by U.S. Government Agencies)
- ☒ Departmental File ☐ Secret File

U.S. PTO
09/500367
02/08/00**Conveying Party(ies)**

☐ Mark if additional names of conveying parties attached

Execution Date
Month Day Year
02 07 2000

Name (line 1) **JAIME A. ROMERO**Name (line 2) **Second Party**Name (line 1) Name (line 2) Execution Date
Month Day Year
09/500367**Receiving Party**☐ Mark if additional names of receiving parties attachedName (line 1) **U.S. GOVERNMENT AS REPRESENTED BY THE NATIONAL**Name (line 2) **SECURITY AGENCY, THE**Address (line 1) **ATTN: PATENT COUNSEL, OGC NATIONAL SECURITY AGENCY**Address (line 2) **9800 SAVAGE ROAD STE 6542**Address (line 3) **FT MEADE****MD / USA****20755-6542**

City

State/Country

Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name **ATTN: PATENT COUNSEL, OGC**Address (line 1) **NATIONAL SECURITY AGENCY**Address (line 2) **9800 SAVAGE ROAD STE 6542**Address (line 3) **FT MEADE MD/USA 20755-6542**Address (line 4)

08/08/2000 VBROWN 00000015 140381 09500367

FOR OFFICE USE ONLY

01 FC:581 (40.00 CH)

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:

Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

PATENT**REEL: 010596 FRAME: 0366**

Correspondent Name and AddressArea Code and Telephone Number **301-688-0287**Name **ATTN: PATENT COUNSEL, OGC**Address (line 1) **NATIONAL SECURITY AGENCY**Address (line 2) **9800 SAVAGE ROAD STE 6542**Address (line 3) **FT MEADE MD 20755-6542**

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

TWO**Application Number(s) or Patent Number(s)**☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.Month Day Year
02 07 2000**Patent Cooperation Treaty (PCT)**Enter PCT application number
only if a U.S. Application Number
has not been assigned.

PCT		PCT		PCT	
PCT		PCT		PCT	

Number of Properties

Enter the total number of properties involved.

ONE**Fee Amount**Fee Amount for Properties Listed (37 CFR 3.41): \$ **40.00**

Method of Payment:

Deposit Account

Enclosed ☐Deposit Account ☒

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

14-0381

Authorization to charge additional fees:

Yes ☒ No ☐**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. Charges to deposit account are authorized, as indicated herein.

ROBERT D. MORELLI*Robert D. Morelli***2-7-2000**

Name of Person Signing

Signature

Date

ASSIGNMENT

(Government Employee)

TITLE:

FILTER SYSTEM FOR INFORMATION NETWORK TRAFFIC

INVENTOR:

JAIME A. ROMERO

I, the undersigned inventor, in consideration of the rights of the Government of the United States acquired by virtue of the circumstances under which the above-identified invention was made, hereby:

1. Assign to the Government of the United States, as represented by the Director, National Security Agency, the entire right, title, and interest throughout the world in and to the above-identified invention and application for patent and all Letters Patent issuing thereon, and any continuation, continuation-in-part or division of said application and any reissue or extension of said Letters Patent.

2. Agree to provide any further information within my knowledge and to execute any further documents necessary to the prosecution of patent applications on the invention, the prosecution and settlement of the interferences and recording of title to patent applications and patents.

INVENTOR: JAIME A. ROMERO

ADDRESS: (City) Laurel (County) Anne Arundel
(State) Maryland

DATE: 07 February 2000

SIGNATURE: Jaime A. Romero

State of Maryland)
County of Anne Arundel)

On 7 February 2000 (date), known to me to be the individual described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that he or she executed the same as their own free act and deed.

M. Ethelyn Wightman
(Signature)

(SEAL)

Notary Public of _____

My Commission Expires on _____
M. ETHELYN WIGHTMAN
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires July 29, 2002