

Form PTO-1595

RECORDATION FORM COVER SHEET  
PATENTS ONLYU.S. Department of Commerce  
Patent and Trademark Office

1-31-92

Atty Docket: 705409 US1 ML

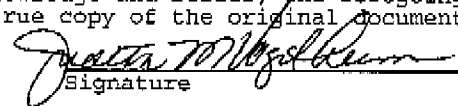
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): John Palazzolo, William E Sammons</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security/Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p>	<p>2. Name and Address of receiving party(ies): Name: DaimlerChrysler Corporation Internal Address: CIMS 483-02-19 Street Address: 800 Chrysler Dr. East Auburn Hills, MI 48326-2757</p> <p>Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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: A. Patent Application No.(s) <u>S.N. 09/615934</u> Filed: <u>7/13/00</u> B. Patent No.(s) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of Party to whom correspondence concerning document should be mailed: Name: Marc Lorelli Internal Address: DaimlerChrysler Corporation Address: CIMS 483-02-19 Street Address: 800 Chrysler Drive East Auburn Hills, MI 48326-2757 Phone: (248) 944-6517 FAX: (248) 944-6538</p>	<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41) \$ 40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Authorized to charge any additional fees or credit any over-payment to deposit account</p> <p>8. Deposit Account number: <u>03-1800</u> (Duplicate copy attached)</p>

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.

Judith M. Vogelheim  
Name of Person Signing  Signature 9/29/00 Date

Total number of pages comprising cover sheet: 1

Total number of pages including cover sheet, attachments, and document: 3

PTO FACSIMILE NO: (703) 306-5995

