

01-24-2002



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FORM PTO-1595  
(Rev. 3/01)  
OMD NO. 0651-0011 exp. 5/31/2002

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Patent and Trademark Office

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**Swaminathan Sundararaman**  
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2. Name and address of receiving party(ies):  
Name: Cisco Technology, Inc.  
Internal Address: \_\_\_\_\_

3. Nature of Conveyance  
 Assignment  Merger  
 Security Agreement  Change of Name  
 Other:  
Execution Date(s): August 1, 2001

Street Address: 170 West Tasman Drive  
City: San Jose State/Province: CA Zip: 95134  
Country: USA  
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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)  
09/924,278

B. Patent No.(s)  
Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
Name: Blakely, Sokoloff, Taylor & Zafman LLP  
Internal Address: Stephen T. Neal  
Street Address: 12400 Wilshire Boulevard, 7<sup>th</sup> Floor  
City: Los Angeles State: California Zip: 90025

6. Total number of applications and patents involved: 1  
7. Total Fee (37 CFR 3.41).....\$40.00  
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Name of Person Signing

Stephen T. Neal  
Signature

November 13, 2001  
Date

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Atty Docket No. 81862.P250

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FORM PTO-1595  
(Rev. 3/01)  
OMD NO. 0651-0011 exp. 5/31/2002



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**Swaminathan Sundararaman**  
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 No  Yes

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Stephen T. Neal Stephen T. Neal August 9, 2001  
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01 FC:581 40.00 OP

Adjustment date: 01/23/2002 LWIJLLER  
08/20/2001 6TON11 00000206 STEPHEN T. NEAL  
01 FC:581 -40.00 OP



Each Inventor: Please Sign and Date Below:

8-1, 2001      *Chang Ahn*  
 Date                      Name: Chang Ahn  
August 1, 2001      *[Signature]*  
 Date                      Name: Swaminathan Sundararaman  
 \_\_\_\_\_, 20\_\_\_\_  
 Date                      Name:  
 \_\_\_\_\_, 20\_\_\_\_  
 Date                      Name:  
 \_\_\_\_\_, 20\_\_\_\_  
 Date                      Name:  
 \_\_\_\_\_, 20\_\_\_\_  
 Date                      Name:

Each Inventor: Please also list the date that you signed the accompanying DECLARATION AND POWER OF ATTORNEY:

\_\_\_\_\_, 20\_\_\_\_  
 Date  
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 Date  
 \_\_\_\_\_, 20\_\_\_\_  
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Assignment Document Return Address:  
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 12400 Wilshire Blvd., Seventh Floor  
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 (408) 720-8598

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, \_\_\_\_\_,  
 the undersigned Notary Public, personally appeared \_\_\_\_\_  
 [ ] personally known to me [ ] proved to me on the basis of satisfactory evidence to be the  
 person(s) whose name(s) \_\_\_\_\_ subscribed to the within instrument, and acknowledged  
 that \_\_\_\_\_ executed it.  
 WITNESS my hand and official seal.

\_\_\_\_\_  
Notary's Signature