
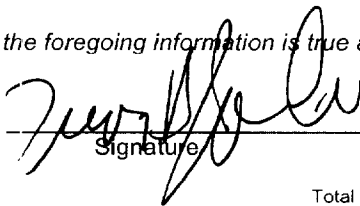


<div style="display: flex; justify-content: space-between;"> <div> <p>FORM PTO-1595 COMMERCE</p> <p>1/31/92 Office</p> </div> <div style="text-align: center;"> <p>04-12-2002</p>  <p>102054425</p> </div> <div> <p>U.S. DEPARTMENT OF Patent and Trademark</p> </div> </div>	
<p>To the Honorable Commissioner of Patents and Trademarks: Please Record the attached original documents or copy thereof.</p>	
<p>1. Name of conveying party(ies): Michael S. LIU Shankar P. SINHA</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies): Name: <u>Honeywell International Inc.</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>101 Columbia Road</u> <u>P.O. Box 2245</u></p> <p>City: <u>Morristown</u> State: <u>New Jersey</u> Zip: <u>07962-2245</u></p> <p>Additional Name(s) & Address(es) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><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>Execution Date <u>2/20/02 & 3/25/02</u></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: <u>2/20/02 & 04/02/02</u></p> <p>A. Patent Application No.(s) <u>P02,0064 (B10-17324US)</u></p> <p>B. Patent No.(s) <u>10/116296</u></p> <p>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:</p> <p>Honeywell International Inc. Law Dept. AB2 101 Columbia Road P.O. Box 2245 Morristown, New Jersey 07962-2245 CUSTOMER NO. 000128</p>	<p>6. Total number of applications and patents involved <u>1</u></p> <p>7. Total Fee (37 CFR 3.41) \$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account any Additional fees</p> <p>8. Deposit Account Number: <u>501519</u> (Attach duplicate copy of this page if paying by deposit account)</p>
DO NOT USE THIS SPACE	
<p>9. Statement and signature: <i>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.</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <p><u>Trevor B. Joike</u> Name of Person Signing</p> </div> <div style="text-align: center;">  <p>Signature</p> </div> <div style="text-align: center;"> <p><u>April 4, 2002</u> Date</p> </div> </div> <p style="text-align: right;">Total number of pages comprising cover sheet: <u>3</u></p>	
<p>Mail documents to be recorded and required cover sheet information to: Assistant Commissioner for Patents Washington, D.C. 20231</p>	

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PATENT
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**INVENTOR'S
NAME**

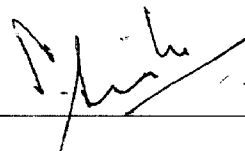
ADDRESS

SIGNATURE

DATE

Shankar P. Sinha

60 Cove Lane
Redwood City, CA 96065



3/25/2002

STATE OF California)
) ss.
COUNTY OF Santa Clara)

On this 25 day of March, 2002, before me, a notary public in and for said county, appeared Shankar Sinha who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, and he acknowledged that he signed, sealed and delivered the said instrument as a free and voluntary act for the uses and purposes therein set forth.

(Seal)


Notary Public

My commission expires: March 29, 2002

