

FORM **PTO-1595**(Rev. 3/01)
OMD NO. 0651-0011)

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Scott Hareland	Name: Intel Corporation					
Additional name(s) of conveying party(ies) attached? ■ No □Yes	Internal Address:					
3. Nature of Conveyance	Street Address: 2200 Mission College Blvd.					
Assignment Merger						
☐ Security Agreement ☐ Change of Name	City: Santa Clara State/Provence: California Zip: 95052.					
☐ Other:	Country: <u>U.S.A.</u>					
Execution Date(s): 07-11-02	Additional name(s) & address(es) attached? ☐ Yes ■ No					
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: O7-11-02						
A. Patent Application No.(s)	B. Patent No.(s)					
Additional numbers a	ttached? ☐ Yes ■ No (1) 98686					
Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: 1					
Name: Blakely, Sokoloff, Taylor & Zafman LLP Internal Address:	7. Total Fee (37 CFR 3.41)\$40.00 Enclosed					
Street Address: 12400 Wilshire Boulevard, 7 th Floor	Authorized to be charged to deposit account					
City: Los Angeles State: California Zip: 90025	8. Deposit Account Number:					
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9. Statement and signature. To the best of my knowledge and believe, the foregoing is true adocument	and correct and any attached copy is a true copy of the original					
Edwin H. Taylor , Reg. #25,129 Name of Person Signing Total number of pages including cover sheet, attachments, and document: 3						

Mail documents to be recorded with required cover sheet information to:
Assistant Commissioner of Patents, Box Assignments

Washington, D.C. 20231

Atty Docket No. 42P14425

07/29/2002 TBIRZ1 00000048 10198686 01 FC:581 40.00 0P

> PATENT REEL: 013120 FRAME: 0895

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Rev. 01/01/2000 (A1)

PATENT REEL: 013120 FRAME: 0896

Each Invento	or: Please s	Sign <u>and Date</u>	Below:		Each Inventor: Plalso list the date to you signed the accompanying DECLARATION AIPOWER OF ATTORNEY:	hat
July 11 Date	_, 20 <u>07</u>	Name: Scott	Hareland		, 20 <u>/</u> Date) <u>Z</u>
Date	_, 20	Name:			, 20_ Date	
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State of:		} SS. [Assignment Document Re BLAKELY, SOKOLOFF, T 12400 Wilshire Blvd., Seve Los Angeles, CA 90025-1 (408) 720-8598	AY ent	LOR & ZAFMAN LI h Floor	_P
On this the undersign [] personal person(s) who that WITNESS my	ose name(s) _ executed i	sub t.	O, before me, y appeared d to me on the basis of sat scribed to the within instru	isfa me	actory evidence to bent, and acknowledge	., be the ged
Notan	/'s Signature	1				

Rev. 01/01/2000 (A1)

RECORDED: 07/17/2002