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Additional name(s) & address(es) attached? \[\text{ Yes } \end{\text{ No}} \] 4. Application number(s) or patent number(s): If this document is being filed together with a new application, A. Patent Application Number: 09/043,584 Filing Date: June 18, 1998 Additional numbers attached? \[\text{ Yes } \end{\text{ No}} \] B. Title of Invention: DATA COMPRESSION APPARATUS APPARATUS Additional numbers attached? \[\text{ Yes } \end{\text{ No}} \] 5. Name and address of party to whom correspondence concerning document should be mailed: Name: \[\text{ Fitzpatrick, Cella, Harper & Scinto} \] And Rockefeller Plaza New York, New York 10112-3801 Telephone No.: \[\text{ (212) 218-2100} \] Facsimile No.: \[\text{ (212) 218-2200} \] 7. Total fee (37 CFR 3.41): \[\text{ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Execution Date: May 29, 1998		a.	g 575	
4. Application number(s) or patent number(s): If this document is being filed together with a new application, A. Patent Application Number: 09/043,584 Filing Date: June 18, 1998 Additional numbers attached? Additional numbers attached? Yes X No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Fitzpatrick, Cella, Harper & Scinto 30 Rockefeller Plaza New York, New York 10112-3801 Telephone No.: (212) 218-2100 Facsimile No.: (212) 218-2200 7. Total fee (37 CFR 3.41): . \$ 40.00 Authorized to be charged to deposit account 8. Deposit account number (for deficiency or excess) O6-1205 (Attach duplicate copy of this page if paying by deposit account): To the best of my knowledge and belief, the foregoing information is true and the attached is the original document or is a true copy of the original document.				City:	State ZIP	
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