

FORM PTO-1595

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## RECORDATION FORM COVER SHEET

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## PATENTS ONLY

Attorney Docket No. 10030135-1

## 1. Name of conveying party(ies):

Rick Reeve  
Richard L. Schober  
Ian Colloff

## 2. Name and address of receiving party(ies):

AGILENT TECHNOLOGIES, INC.  
Legal Department, DL429  
Intellectual Property Administration  
P.O. Box 7599  
Loveland, Colorado 80537-0599Additional name(s) of conveying party(ies) attached ☐ Yes ☒ NoAdditional name(s) & address(es) attached? ☐ Yes ☒ No

## 3. Nature of Conveyance:

☒ Assignment☐ Merger☐ Change of Name☐ Security Agreement☐ Other

Execution Date(s): 9/5/03, 9/8/03, 9/9/30

## 4. Application number(s) or patent number(s):

If this document is being filed together with a new application, execution date of the application is:

A. Patent Application No.(s)

B. Patent No.(s)

Serial No.: 10/434,001 Date Filed: 5/7/2003

Additional numbers attached? NO

## 5. Name and address of party to whom correspondence concerning document should be mailed:

Records Manager  
AGILENT TECHNOLOGIES, INC.  
IP Legal Dept., MS DL-429  
815 14th Street SW  
Loveland, CO 805376. Total number of applications and patents involved: 1

7. Total Fee (37 CFR 3.41): . . . . \$40.00

☐ Enclosed☒ Authorization to be charged to deposit account.8. Deposit Account Number: 50-1078

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## 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.*

Ann Marie Radcliffe

Sep 26, 2003

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and document: 4

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PATENT

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Date: Sept 8, 2003

Rick Reeve  
Name: Rick Reeve 0

Name: Rick Reeve

Date: Sept. 5, 2003

Name: Rick Reeve  
Richard L. Schober  
Name: Richard L. Schober

Name: Richard L. Schober

Date: 26/9/20 CS

Name: Ian Colloff

Name: Ian Colloff

Date: \_\_\_\_\_, 20\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

Name: \_\_\_\_\_

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} 55.

Assignment Document Return Address:

## IP Administration

Legal Department, M/S DL429

AGILENT TECHNOLOGIES, INC.

P.O. Box 7599

Loveland, CO 80537-6836

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