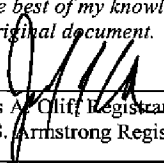


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3. A. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ B. Execution Date: <u>May 31, 2004</u>					
4. A. Patent Application No. <u>29/204,942</u> B. Patent No.(s) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C. Title of Application: <u>PRINTER</u>					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>James A. Oliff</u> Address: OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, VA 22320 Phone Number: 703-836-6400 Fax Number: 703-836-2787			6. Total number of applications and patents involved: <u>1</u> 7. Please charge Deposit Account No. 15-0461 the total fee (37 CFR 3.41) in the amount of \$ <u>40.00</u> . 8. Credit any overpayment or charge any underpayment to deposit account number 15-0461.		
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> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">  _____ James A. Oliff Registration No. 27,075 Joel S. Armstrong Registration No. 36,430 </div> <div style="width: 35%; text-align: right;"> Date: <u>August 23, 2004</u> </div> </div>					

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