| FORM PTO-<br>Expires 06/30/99<br>OMB 0651-0027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Patent and Trademark Offic<br>PATENT                                                                    | irce<br>ce |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------|--|--|--|--|--|
| 102752442                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5.17.04 RECORDATION FORM COVER SHEET                                                                    |            |  |  |  |  |  |
| TO: The Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | missioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).      |            |  |  |  |  |  |
| Submission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ssion (Non-Recordation)                                                                                 | 10/8       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | on of PTO Error                                                                                         |            |  |  |  |  |  |
| Reel #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Frame # U.S. Government                                                                                 | ]          |  |  |  |  |  |
| Reel #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Performent (For Use ONLY by U.S. Government Agencies) Frame # Departmental File Secret File             |            |  |  |  |  |  |
| Conveying F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |            |  |  |  |  |  |
| Name (line 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Month Day Yea                                                                                           | <u>r</u> . |  |  |  |  |  |
| Name (line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |            |  |  |  |  |  |
| Second Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Execution Date Month Day Yea                                                                            | ar         |  |  |  |  |  |
| Name (line 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Chia-Hua Chen                                                                                           | 4]         |  |  |  |  |  |
| Name (line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 108482                                                                                                  | 71         |  |  |  |  |  |
| <b>Receiving Pa</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | arty Mark if additional names of receiving parties attached                                             |            |  |  |  |  |  |
| Name (line 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HON HAI PRECISION IND. CO. ITD.                                                                         |            |  |  |  |  |  |
| Name (line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | is an assignment and<br>receiving party is not<br>domiciled in the Unite<br>States, an appointmen       | d          |  |  |  |  |  |
| Address (line 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 66 Chung Shan Road of a domestic representative is attac                                                |            |  |  |  |  |  |
| Address (line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Designation must be separate document from Assignment.)                                                |            |  |  |  |  |  |
| Address (line 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tu-Chen Taipei Hsien,Taiwan                                                                             | :          |  |  |  |  |  |
| Domestic Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City State/Country Zip Code<br>Epresentative Name and Address Enter for the first Receiving Party only. |            |  |  |  |  |  |
| Name [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Wei Te Chung, (Foxconn International, Inc.)                                                             |            |  |  |  |  |  |
| Address (line 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1650 Memorex Drive, Santa Clara, CA 95050                                                               | ]          |  |  |  |  |  |
| Address (line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | ]          |  |  |  |  |  |
| Address (line 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | 7          |  |  |  |  |  |
| Address (line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |            |  |  |  |  |  |
| 05/20/2004 L MIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NDIM1 00000072 10848291 FOR OFFICE USE ONLY                                                             |            |  |  |  |  |  |
| 02 FC:8021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 40.00 00                                                                                                |            |  |  |  |  |  |
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| Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Budget Package 0651-0027, Patent and Trademark Assignment Practice. Do NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS. Mail documents to be recorded with required cover sheet(s) information to: Commissioner of Patents and Trademarks, Box Assignments , Washington, D.C. 20231 |                                                                                                         |            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         | -<br>      |  |  |  |  |  |

PATENT REEL: 015349 FRAME: 0756

| FORM PTO-1619B<br>Expires 05/30/99<br>OMB 0551-0027                                                                                                                                                                  | Page 2                                                    | U.S. Department of Commerca<br>Patent and Trademark Office<br>PATENT |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|--|--|--|
| Correspondent Name and Address                                                                                                                                                                                       | Area Code and Telephone Number (40                        | 8) 919-6137                                                          |  |  |  |
| Name Wei Te (Joseph) Ch                                                                                                                                                                                              | ung, Foxconn Intl., Inc.                                  |                                                                      |  |  |  |
| Address (line 1) 1650 Memorex Drive                                                                                                                                                                                  |                                                           | ·                                                                    |  |  |  |
| Address (line 2) Santa Clara, CA 95                                                                                                                                                                                  | 050                                                       |                                                                      |  |  |  |
| Address (line 3)                                                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                     |                                                                      |  |  |  |
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| Pages Enter the total number of particular including any attachments.                                                                                                                                                | ges of the attached conveyance document                   | #                                                                    |  |  |  |
| Application Number(s) or Patent Num                                                                                                                                                                                  |                                                           | nal numbers attached                                                 |  |  |  |
|                                                                                                                                                                                                                      | Patent Number (DO NOT ENTER BOTH numbers for the          |                                                                      |  |  |  |
| Patent Application Number(s)                                                                                                                                                                                         | Patent Num                                                | ider(s)                                                              |  |  |  |
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| If this document is being filed together with a new Pater                                                                                                                                                            | nt Application, enter the date the patent application was | Month Day Year                                                       |  |  |  |
| signed by the first named executing inventor.                                                                                                                                                                        |                                                           | Feb 12 04                                                            |  |  |  |
| Patent Cooperation Treaty (PCT)                                                                                                                                                                                      |                                                           |                                                                      |  |  |  |
| Enter PCT application number                                                                                                                                                                                         | PCT PCT                                                   |                                                                      |  |  |  |
| only if a U.S. Application Number                                                                                                                                                                                    | PCT PCT                                                   | РСТ                                                                  |  |  |  |
| has not been assigned.                                                                                                                                                                                               |                                                           |                                                                      |  |  |  |
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| Fee Amount     Fee Amount for Properties Listed (37 CFR 3.41): \$ 40                                                                                                                                                 |                                                           |                                                                      |  |  |  |
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| А                                                                                                                                                                                                                    | uthorization to charge additional fees: Yes               | <u>No</u>                                                            |  |  |  |
| tatement 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. Charges to deposit account are authorized, as indicated herein. |                                                           |                                                                      |  |  |  |
| Wei Te Chung                                                                                                                                                                                                         | HAR                                                       | Nap 12 dung                                                          |  |  |  |
| Name of Person Signing                                                                                                                                                                                               | Signature                                                 | / Date                                                               |  |  |  |
|                                                                                                                                                                                                                      |                                                           |                                                                      |  |  |  |
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|                                                                                                                                                                                                                      |                                                           |                                                                      |  |  |  |

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PATENT REEL: 015349 FRAME: 0757

## ASSIGNMENT

In consideration of valued received, the receipt and sufficiency of which are hereby acknowledged, the undersigned ASSIGNOR

| 1. | Ying Liang Tu        | , residing at | Shenzhen, China |
|----|----------------------|---------------|-----------------|
| 2. | <u>Chia-Hua chen</u> | , residing at | Tu-Chen, Taiwan |
| 3. |                      | , residing at | •               |
| 4. |                      | , residing at |                 |
| 5. | -                    | , residing at |                 |

hereby sell(s), assign(s) and transfer(s) unto: HON HAI PRECISION INDUSTRY CO., LTD, having a principle place of business at 66 Chung Shan Road, Tu-Chen, Taipei Hsien, Taiwan, hereafter designated "ASSIGNEE" the entire right, title and interest for the United States of America as defined in 35 U.S.C. 100, in the invention and all patent applications including any and all divisions, continuations, substitutes, and reissues thereof, and all resulting patents, known as <u>CONNECTING STRUCTURE FOR A</u>

BATTERY CASE AND A MAIN BODY OF A PORTABLE ELECTRONIC DEVICE for which the undersigned

[ ] previously executed --- Ser. No. \_\_\_\_\_ and filing date of \_\_\_\_\_

[x] is executing concurrently herewith

an application for Letters Patent of United States of America

AND the undersigned hereby authorize(s) and request(s) the United States Commissioner of Patens and Trademarks to issue said Letters Patent to the said ASSIGNEE, for its interest as ASSIGNEE, its successors, assigns and legal representatives; the undersigned agree(s) that the attorneys of record in said application, if any, shall hereafter act on behalf of said ASSIGNEE;

AND the undersigned hereby agree(s) to testify and execute any papers for ASSIGNEE, its successors, assigns and legal representatives, deemed essential by ASSIGNEE to ASSIGNEE'S full protection and title in and to the invention hereby transferred.

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## PATENT REEL: 015349 FRAME: 0758

| Tu Ying Liang                             | 02/12/04                |         |
|-------------------------------------------|-------------------------|---------|
| Ying Liang Tu inventor                    | date                    | witness |
| CHEN, CHIA-HUA<br>Chia-Hua Chen, inventor | <u>02/12/04</u><br>date | witness |
| , inventor                                | date                    | witness |
| , inventor                                | date                    | witness |
| , inventor                                | date                    | witness |

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PATENT REEL: 015349 FRAME: 0759

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RECORDED: 05/17/2004

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