|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Docket No.: L8612.04143                                                                                                                |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| FORM PTO-1595 (Modified) (Rev. 03-01) OMB No. 0651-0027 (exp.5/31/2002) POBA/REV03  Tab settings ** * * * * * * * * * * * * * * * * *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mill Bills and a                                                                                                                       |  |  |  |
| Tab settings → → → ▼  To the Director of the United States Pate  102833                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 065▼                                                                                                                                   |  |  |  |
| To the Director of the United States Pat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e: Please record the attached original documents or copy thereof.                                                                      |  |  |  |
| 1. Name of conveying party(ies):  Futoshi DEGUCHI  Hiroshi YOSHINAGA  Masahiko TANAKA  Hiroaki HARUYAMA  Additional names(s) of conveying party(ies)  1. Name of conveying party(ies):  Futoshi DEGUCHI  Futoshi Postalization  Futoshi | 2. Name and address of receiving party(ies):  Name: Matsushita Electric Industrial Co., Ltd.  Address: 1006, Oaza Kadoma               |  |  |  |
| 3. Nature of conveyance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                        |  |  |  |
| ☑ Assignment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                        |  |  |  |
| ☐ Security Agreement ☐ Change of Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City: Kadoma-shi State/Prov.: Osaka                                                                                                    |  |  |  |
| ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country: JAPAN ZIP: 571-8501                                                                                                           |  |  |  |
| Execution Date: August 27, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Additional name(s) & address(es)                                                                                                       |  |  |  |
| If this document is being filed together with a new application,  Patent Application No. Filing date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | the execution date of the application is: August 27, 2004  B. Patent No.(s)  09/01/2004 ANABI1 00000077 10929449  04 FC:8021  40.00 00 |  |  |  |
| Additional numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Yes 🖾 No                                                                                                                             |  |  |  |
| Name and address of party to whom correspondence concerning document should be mailed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. Total number of applications and patents involved:                                                                                  |  |  |  |
| Name: James E. Ledbetter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7. Total fee (37 CFR 3.41):\$ 40.00                                                                                                    |  |  |  |
| Registration No. 28,732  Address: STEVENS, DAVIS, MILLER & MOSHER, LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Enclosed - Any excess or insufficiency should be credited or debited to deposit account                                                |  |  |  |
| 1615 L. Street, NW, Suite 850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Authorized to be charged to deposit account                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8. Deposit account number:                                                                                                             |  |  |  |
| City: Washington State/Prov.: DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 19-4375                                                                                                                                |  |  |  |
| Country: USA ZIP: 20036                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Attach duplicate copy of this page if paying by deposit account)                                                                      |  |  |  |
| 9. Statement and signature.  To the best of my knowledge and belief, the foregoing information of the original document.  James E. Ledbetter  Name of Person Signing  Total number of pages including or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ation is true and correct and any attached copy is a true copy  August 31, 2004  Signature  Date                                       |  |  |  |

Mail documents to be recorded with required cover sheet information to:
Mail Stop Assignment Recordation Services
Director of the United States Patent and Trademark Office
P.O. Box 1450, Alexandria, VA 22313-1450

## USA ASSIGNMENT OF PATENT APPLICATION

|                                                                       | (1)                                           | Futoshi Dequ                                                                                                   | chì                          |                                                       |                                               |                                                               |                                                                |                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|
|                                                                       | (2)                                           | Hiroshi Yosh                                                                                                   | inac                         | ja                                                    |                                               |                                                               |                                                                |                                                                   |
|                                                                       | (3)                                           | Masahiko Tan                                                                                                   | aka                          |                                                       |                                               |                                                               |                                                                |                                                                   |
|                                                                       | (4)                                           | Hiroaki Haru                                                                                                   | yama                         | ì                                                     |                                               |                                                               |                                                                |                                                                   |
|                                                                       | (5)                                           |                                                                                                                |                              |                                                       |                                               |                                                               |                                                                |                                                                   |
|                                                                       | บก <b>d</b> ersigr                            | In consideration of the need, the undersigned aga                                                              |                              |                                                       |                                               |                                                               | •                                                              | l to each of the                                                  |
|                                                                       | (6)                                           | MATSUSHITA                                                                                                     | ELEC                         | TRIC IND                                              | USTRIAL C                                     | O., LTD.                                                      |                                                                |                                                                   |
|                                                                       | (6a)                                          | of 1006, Oaz                                                                                                   | a K                          | adoma, Ka                                             | doma-shi,                                     | Osaka 571                                                     | -8501 Japan                                                    |                                                                   |
|                                                                       | (7)                                           |                                                                                                                |                              |                                                       |                                               |                                                               |                                                                |                                                                   |
|                                                                       | (7a)                                          | of                                                                                                             |                              |                                                       |                                               |                                                               |                                                                |                                                                   |
|                                                                       |                                               | ter designated as the Ass<br>ns, and for the country (                                                         |                              | the entire right                                      | s, tide and intere                            | est for the United S                                          | itates, its territories,                                       | dependencies and                                                  |
|                                                                       | (8)                                           |                                                                                                                |                              | in the Inven                                          | tion, and all app                             | olications for paten                                          | it and any Letters P                                           | atent which may be                                                |
|                                                                       | granted th                                    | herelor, known as                                                                                              | _                            |                                                       |                                               |                                                               | •                                                              |                                                                   |
|                                                                       | (9)                                           | Gate Antenna                                                                                                   | ı De                         | Vice                                                  |                                               |                                                               |                                                                |                                                                   |
|                                                                       |                                               |                                                                                                                |                              |                                                       | (Case I                                       | No                                                            | )                                                              |                                                                   |
|                                                                       |                                               | the undersigned has (he on even date, then has o                                                               |                              |                                                       | n date herewith i                             | an application for p                                          | patent in the United                                           | i States of America                                               |
|                                                                       | (10)                                          | on                                                                                                             |                              |                                                       | or has                                        | s aiready filed                                               |                                                                |                                                                   |
|                                                                       | (11)                                          | U.S. appin. Serial No.                                                                                         |                              |                                                       | . filed o                                     | on                                                            |                                                                |                                                                   |
|                                                                       | \                                             | The undersigned acknowledge                                                                                    |                              |                                                       |                                               |                                                               |                                                                |                                                                   |
| applications thereof 2) The application or continuith such interferen | and also to<br>undersign<br>nuation or<br>ce. | ed agree(s) to execute a<br>o execute separate assign<br>ed agree(s) to execute a<br>division thereof and to c | nmenti<br>Il pape<br>:oopera | in connection<br>is necessary in<br>ale with the Assi | with such application with<br>gnee in every w | ations as the Assign<br>any interference way possible in obta | nee may deem nec<br>which may be declar<br>ulning such evidenc | essary or expedient<br>red concerning this<br>a and going forward |
|                                                                       |                                               | ed agree(s) to execute a<br>mational Convention fo                                                             |                              |                                                       |                                               |                                                               | be necessary in co                                             | innection with                                                    |
|                                                                       |                                               | ed agree(s) to perform a                                                                                       |                              |                                                       |                                               |                                                               | ant of a valid I loite                                         | d States natent to                                                |
| the Assignee.                                                         |                                               |                                                                                                                |                              |                                                       |                                               |                                                               |                                                                |                                                                   |
| 5) The                                                                | undersign                                     | ed hereby authorize(s) a                                                                                       | nd req                       | uest(s) the Con                                       | imissioner of Pa                              | tents to issue any a                                          | and all Letters Pater                                          | nt of the United                                                  |
| States resulting from                                                 | said appli                                    | cation or any division or                                                                                      | divisio                      | ons or continuir                                      | ig applications th                            | hereof to the said A                                          | Assignee, as Assigne                                           | e of the entire                                                   |
|                                                                       |                                               | that he has (they have)                                                                                        |                              | nt to convey th                                       | e antire interest i                           | herein assigned, an                                           | ed that he has (they                                           | have) not execute                                                 |
|                                                                       |                                               | ed hereby grant(s) the fi                                                                                      |                              | TEVENS DAY                                            | KS MILLER R. N                                | AUSHED I I B IF                                               |                                                                | 41.                                                               |
| any further identific                                                 | ation which                                   | may be necessary or de                                                                                         | esirable                     | to comply with                                        | the rules of the                              | United States Pare                                            | e power to insert o                                            | n inis assignment                                                 |
| document.                                                             | •                                             |                                                                                                                |                              |                                                       |                                               | · · · · · · · · · · · · · · · · · · ·                         | omet iot lecon                                                 | 100011 (1) (11)                                                   |
| In witnes                                                             | s whereof,                                    | executed by the undersi                                                                                        | gned o                       | n the date(s) of                                      | posite the unde                               | rsigned signature(s                                           | s).                                                            |                                                                   |
| •                                                                     |                                               |                                                                                                                |                              | 2 + 0                                                 | 6                                             |                                                               |                                                                |                                                                   |
|                                                                       |                                               | 4Signoture of Inventor                                                                                         |                              | Futochi                                               | Deguchi                                       |                                                               | (Seal)                                                         |                                                                   |
|                                                                       |                                               | 4Signature of Inventor                                                                                         |                              |                                                       | Joshings                                      |                                                               | (Seal)                                                         |                                                                   |
| Dole August                                                           | 27, 200                                       | 4 Signature of Inventor                                                                                        | (3)                          | masinisa                                              | Janaka                                        |                                                               | (Seal)                                                         |                                                                   |
|                                                                       |                                               | 4Signature of Inventor                                                                                         |                              |                                                       | Haruyana                                      |                                                               | (Seol)                                                         |                                                                   |
| Date                                                                  | <u> </u>                                      | _ Signature of Inventor                                                                                        | (5)                          |                                                       |                                               |                                                               | (Seol)                                                         |                                                                   |
|                                                                       |                                               | ould preferably be signed<br>ed before at least two wit                                                        |                              |                                                       |                                               | he U.S.A., or (b) a                                           | U.S. Counsel if out                                            | side the U.S.A. If                                                |
| Date                                                                  |                                               | _ Signature of Witness                                                                                         |                              |                                                       |                                               |                                                               | (Sc-1)                                                         |                                                                   |
| Date                                                                  |                                               | Signature of Witness                                                                                           |                              |                                                       |                                               |                                                               | (Seal)                                                         |                                                                   |
|                                                                       |                                               |                                                                                                                |                              |                                                       |                                               |                                                               | (Seal)                                                         |                                                                   |

**RECORDED: 08/31/2004** 

**PATENT REEL: 015757 FRAME: 0732**