

FORM PTO-1619A
Expires 06/30/99
OMB 0651-0027

11-18-2004



102883647

U.S. Department of Commerce
Patent and Trademark Office
PATENT

15364 U.S. PTO
10986362



**RECORDATION FORM COVER SHEET
PATENTS ONLY**

Docket No.: WSM29US

11-12-04

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID# _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment Security Agreement
 - License Change of Name
 - Merger Other 10986362
- U.S. Government**
(For Use ONLY by U.S. Government Agencies)
- Departmental File Secret File

Conveying Party(ies)

Mark if additional names of conveying parties attached

Execution Date		
Month	Day	Year
11	04	2004

Name (line 1) SILVERBROOK, KIA

Name (line 2) _____

Second Party

Execution Date		
Month	Day	Year

Name (line 1) _____

Name (line 2) _____

Receiving Party

Mark if additional names of receiving parties attached

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Name (line 1) SILVERBROOK RESEARCH PTY. LTD.

Name (line 2) _____

Address (line 1) 393 Darling Street

Address (line 2) _____

Address (line 3) Balmain NSW, Australia 2041

City State/Country Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name _____

Address (line 1) _____

Address (line 2) _____

Address (line 3) _____

Address (line 4) _____

FOR OFFICE USE ONLY

11/15/2004 SDENBOB1 00000092 10986362

02 FC:8021

40.00 DP

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 Collection 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

Correspondent Name and Address Country, Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Application Number(s) or Patent Number(s) Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number PCT PCT

only if a U.S. Application Number has not been assigned. PCT PCT PCT

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

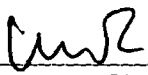
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Kia Silverbrook  November 4, 2004

Name of Person Signing Signature Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ASSIGNMENT OF APPLICATION

Docket Number (Optional)
WSM29US

Whereas, I, KIA SILVERBROOK of 393 Darling Street, Balmain, NSW 2041, Australia, hereafter referred to as applicant, have invented certain new and useful improvements in Optical Fiber Terminator Package

for which an application for a United States Patent was filed on _____, Application Number _____/_____.

for which an application for a United States Patent was executed on November 4, 2004, and

Whereas, SILVERBROOK RESEARCH PTY. LTD. of Balmain, New South Wales, Australia herein referred to "assignee" whose post office address is 393 Darling Street, Balmain, NSW 2041, Australia is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollars (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I, the applicant, by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and all countries in the world and all countries in the world and to any and all Patents which may be granted therefor in the United States/

I hereby authorize and request the Commissioner of Patents and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 4th day of November, ~~19~~ 2004, at Balmain, New South Wales, Australia

[Signature]

(Signature)

State of _____) SS:
County of _____)
Before me personally appeared said _____
and acknowledged the foregoing instrument to be his free act and deed this _____
day of _____, 19____.

Seal

(Notary Public)

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.