

02-03-2005



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To the Director of the U.S. Patent and Trademark Office

... attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

Joey Chou

Execution Date(s) January 13, 2005

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: INTEL CORPORATION

Internal Address: _____

Street Address: 2200 Mission College Blvd.

City: Santa Clara

State: California

Country: USA Zip: 95052

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

☒ This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

Attorney Docket No.: P21180

Additional numbers attached? ☐ Yes ☒ No

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

Name: INTEL CORPORATION

Internal Address: M/S SC4-202

Street Address: PO Box 5326

City: Santa Clara

State: California Zip: 95056-5326

Phone Number: _____

Fax Number: _____

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6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- ☐ Authorized to be charged by credit card
☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
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Authorized User Name Frankie Ho

9. Signature:

Frankie Ho
Signature

January 18, 2005

Date

Frankie Ho, Reg. No. 48,479

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

3

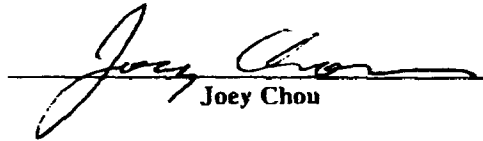
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Note to each inventor:
On the line below, please enter the date on which you signed the accompanying "Declaration and Power of Attorney":

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|--|------------------------------------|---|
|  Joey Chou | <u>1/13/2005</u> (Today's Date) | <u>1/13/2005</u> (Date of Declaration) |
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