

FORM PTO-1595

Docket No.: RCA 88,228

CUSTOMER NO.: 24498
07/2005

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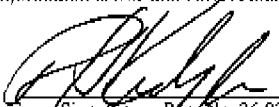
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5. Name and address of party to whom correspondence concerning document should be mailed: Name: JOSEPH S. TRIPOLI Internal Address: PATENT OPERATIONS THOMSON LICENSING INC. Street Address: P. O. Box 5312 City: PRINCETON State: NEW JERSEY Zip : 08543-5312	6. Total number of applications and patents involved: _____ 7. Total Fee (37 CFR 3.41): \$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: 07-0832
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