

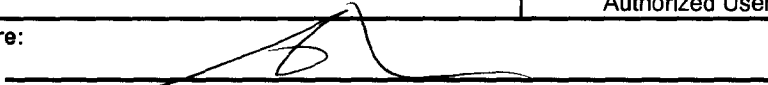


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RE		
To the Director of the U.S. Patent and Trade.		103055108
1. Name of conveying party(ies)/Execution Date(s): <p style="text-align: center;">Lakhbir SINGH</p> <p>Execution Date(s) <u>July 27, 2005</u></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		2. Name and address of receiving party(ies) <p>Name: Nextel Communications, Inc.</p> <p>Street Address: 2001 Edmund Halley Drive Reston, VA 20191</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____		112991 U.S.PTO 11/192120 
4. Application number(s) or patent number(s): <input checked="" type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) B. Patent Registration No.(s)		
Additional number(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: <p>Name: Crowell & Moring Intellectual Property Group</p> <p>Street Address: PO Box 14300 Washington DC 20044-4300</p> <p>Phone Number: <u>202-624-2500</u></p> <p>Fax Number: <u>202-628-8844</u></p> <p>Email Address: _____</p>		6. Total number of applications and patents involved 1 7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00 <input type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)
		8. Payment Information a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>05-1323</u> Authorized User Name _____
9. Signature: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>July 29, 2005</u> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <u>Stephen W. Palan, Reg. No. 43,420</u> Name of Person Signing </div> <div style="text-align: center;"> Total number of pages including cover sheet, attachments, and documents: 2 </div> </div>		

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
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