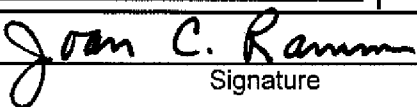


Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies) Tao Ye Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>CTS Corporation</u> Internal Address: _____ Street Address: <u>905 West Boulevard North</u> City: <u>Elkhart</u> State: <u>Indiana</u> Country: <u>U.S.A.</u> Zip: <u>46514</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance/Execution Date(s): Execution Date(s) <u>May 10, 2005</u> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>11/398,365</u> B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Joan C. Ramm</u> Internal Address: _____ Street Address: <u>CTS Corporation</u> <u>171 Covington Drive</u> City: <u>Bloomington</u> State: <u>Illinois</u> Zip: <u>60108</u> Phone Number: <u>(630) 924-3792</u> Fax Number: <u>(630) 295-6601</u> Email Address: <u>joan.ramm@ctswireless.com</u>	6. Total number of applications and patents involved: <u>One (1)</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00 <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)
9. Signature: <div style="text-align: center; margin-top: 10px;">  Signature </div> <div style="text-align: right; margin-top: 10px;"> <u>July 20, 2006</u> Date </div> <div style="text-align: center; margin-top: 10px;"> <u>Joan C. Ramm</u> Name of Person Signing </div>	8. Payment Information a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>03-1677</u> Authorized User Name <u>Joan C. Ramm</u> Total number of pages including cover sheet, attachments, and documents: <input style="width: 50px;" type="text"/>

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450



Facsimile Cover Sheet

To:	Assignment Recordation Services
Company:	United States Patent & Trademark Office
Phone:	
Fax:	(571) 273-0140
From:	Joan Ramm
Company:	CTS Corporation 171 Covington Drive Bloomington, Illinois 60108 U.S.A.
Phone:	(630) 924-3790
Fax:	(630) 295-6601
Date:	July 20, 2006
Pages including this cover page:	4

Re: Recordation of Assignment

Application Number: 11/398,365

Filing Date: April 4, 2006

First Named Inventor: Tao Ye

Attorney Docket Number: WC0169

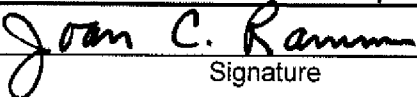
**Enclosures: PTO-1595 Patent Recordation Form Cover Sheet
(1 page) (In duplicate)
One (1) Assignment, (1 page)**

NOTICE: This facsimile transmission may contain information that is confidential, privileged or exempt from disclosure under applicable law. It is intended only for the person to whom it is addressed. Unauthorized use, disclosure, copying or distribution may expose you to legal liability. If you have received this transmission in error, please immediately notify the sender and arrange for return of the documents received and any copies made.

Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies) Tao Ye Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>CTS Corporation</u> Internal Address: _____ _____ Street Address: <u>905 West Boulevard North</u> _____ City: <u>Elkhart</u> State: <u>Indiana</u> Country: <u>U.S.A.</u> Zip: <u>46514</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance/Execution Date(s): Execution Date(s) <u>May 10, 2005</u> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>11/398,365</u> B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Joan C. Ramm</u> Internal Address: _____ _____ Street Address: <u>CTS Corporation</u> <u>171 Covington Drive</u> City: <u>Bloomington</u> State: <u>Illinois</u> Zip: <u>60108</u> Phone Number: <u>(630) 924-3792</u> Fax Number: <u>(630) 295-6601</u> Email Address: <u>joan.ramm@ctswireless.com</u>	6. Total number of applications and patents involved: <u>One (1)</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u> <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input 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>03-1677</u> Authorized User Name <u>Joan C. Ramm</u>	
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 20, 2006</u> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <u>Joan C. Ramm</u> Name of Person Signing </div> <div style="text-align: center;"> Total number of pages including cover sheet, attachments, and documents: <input style="width: 50px; height: 20px;" type="text"/> </div> </div>	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
 Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

RECORDED: 07/20/2006

PATENT
 REEL: 017972 FRAME: 0854