

**FORM PTO-1595 (Rev. 03/05)**  
**OMB No. 0651-0027 (exp. 6/30/2005)**

**RECORDATION FORM COVER SHEET**  
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<p><b>1. Name of conveying party(ies)</b></p> <p style="text-align: center;"><b>IP-First, LLC</b>                  2975 Stender Way                  Santa Clara, CA 95054</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>2. Name and address of receiving party(ies)</b></p> <p style="text-align: center;"><b>IP-First, LLC</b>                  1045 Mission Court                  Fremont, CA 94539</p> <p>Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>3. Nature of conveyance/Execution Date(s):</b></p> <p>Execution Date(s): <u>09/20/1999</u></p> <p><input type="checkbox"/> Assignment                      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement              <input type="checkbox"/> Change of Name  <input checked="" type="checkbox"/> Other - Change of Address</p>	
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<p><b>4. Application number(s) or patent number(s):</b></p> <p>A. Patent Application No.(s)                  09/092386                  (CNTR.1357)</p>	<p><input type="checkbox"/> This document is being filed together with a new application.</p> <p>B. Patent No.(s)                  6105032</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>5. Name and address of party to whom correspondence concerning document should be mailed:</b></p> <p style="text-align: center;"><b>RICHARD K. HUFFMAN, P.E.</b>  <b>HUFFMAN PATENT GROUP, LLC</b>                  Customer No. 23669                  1832 N Cascade Ave                  Colorado Springs, CO 80907                  (719) 575-9998 (Voice)                  rick@huffmanlaw.net</p>	<p><b>6. Total number of applications and patents involved: 1</b></p> <p>7. Total fee (37 CFR 1.21(h) &amp; 3.41) . \$40  <input checked="" type="checkbox"/> PTO-2038 Credit Card Payment Form for fee is enclosed  <input type="checkbox"/> Check for fee is enclosed  <input type="checkbox"/> Authorized to be charged to Deposit Account</p> <p>8. Payment Information                  a. Credit Card Last 4 Numbers: <u>8757</u>                  Expiration Date: <u>02/2008</u>                  b. Deposit account number _____                  Authorized User Name _____</p>
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9. 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.*

<b>RICHARD K. HUFFMAN, P.E.</b>	<u>Richard K. Huffman</u>	<u>41,082</u>	<u>08/13/2006</u>
Name of Person Signing	Signature	Registration No.	Date

Total number of pages including cover sheet, attachments, and document: **1**

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**OP \$40.00 6105032**

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