

FORM PTO-1595 (Rev. 03/05) OMB No. 0651-0027 (exp. 6/30/2005)	RECORDATION FORM COVER SHEET PATENTS ONLY	U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office
--	--	--

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

I hereby certify under 37 CFR 1.8 that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date of signature shown below.

1. Name of conveying party(ies) IP-First, LLC 2975 Stender Way Santa Clara, CA 95054 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) IP-First, LLC 1045 Mission Court Fremont, CA 94539 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>09/20/1999</u> <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	
--	--

4. Application number(s) or patent number(s): A. Patent Application No.(s) <u>09/052624</u> (CNTR.1354)	<input type="checkbox"/> This document is being filed together with a new application. B. Patent No.(s) <u>6108773</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

5. Name and address of party to whom correspondence concerning document should be mailed: RICHARD K. HUFFMAN, P.E. HUFFMAN PATENT GROUP, LLC Customer No. 23669 1832 N Cascade Ave Colorado Springs, CO 80907 (719) 575-9998 (Voice) rick@huffmanlaw.net	6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 1.21(h) & 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 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 _____
--	--

DO NOT USE THIS SPACE

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.

<u>RICHARD K. HUFFMAN, P.E.</u>	<u>/Richard K. Huffman/</u>	<u>41,082</u>	<u>08/25/2006</u>
Name of Person Signing	Signature	Registration No.	Date

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

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, VA 22313-1450

OP \$40.00 6108773

NO DOCUMENT REQUIRED