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	B. Patent No.(s) ached? ☐ Yes ✔ No
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Name: Alfred J. Mangels Internal Address: 4729 Cornell Road	7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00 ☐ Authorized to be charged by credit card ✓ Authorized to be charged to deposit account ☐ Enclosed
Street Address: 4729 Cornell Road	None required (government interest not affecting title)
City: Cincinnati State: Ohio Zip: 45241-2433	8. Payment Information a. Credit Card Last 4 Numbers Expiration Date
Phone Number: (513) 469-0470 Fax Number: (513) 489-6030 Email Address: amangels@fuse.net	b. Deposit Account Number <u>501300</u> Authorized User Name <u>Alfred J. Mangels</u>
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PATENT REEL: 018187 FRAME: 0956

Date. Name of Inventor_

This assignment should preferably be signed before a United States Consul. If not, then the execution by the inventor(s) should be witnessed by at least two witnesses who sign here:

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Form PTO-1595 (Rev. 07/05) U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office OMB No. 0651-0027 (exp. 6/30/2008) 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) 2. Name and address of receiving party(ies) Name: TELIGENT AB Conny LARSSON Internal Address: _____ Additional name(s) of conveying party(ies) attached? Tes 🗹 Yes 🗸 No 3. Nature of conveyance/Execution Date(s): Street Address: P.O. Box 213 Execution Date(s) 07/28/2006 S-149 23 Merger ✓ Assignment City: ☐ Security Agreement ☐ Change of Name Joint Research Agreement State: _____ Government Interest Assignment Country: Sweden Zip: Executive Order 9424, Confirmatory License l Other Additional name(s) & address(es) attached? L__ Yes 🗸 No. 4. Application or patent number(s): This document is being filed together with a new application. A. Patent Application No.(s) B. Patent No.(s) 10/589,224 Additional numbers attached? Yes Vo 5. Name and address to whom correspondence 6. Total number of applications and patents concerning document should be mailed: involved: 1 Name: Alfred J. Mangels 7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00 Internal Address:_____ Authorized to be charged by credit card ✓ Authorized to be charged to deposit account Street Address: 4729 Cornell Road **Enclosed** None required (government interest not affecting title) 8. Payment Information City: <u>Cincinnati</u> a. Credit Card Last 4 Numbers _____ State: Ohio _____ Zip: 45241-2433 Expiration Date _____ Phone Number: (513) 469-0470 b. Deposit Account Number 501300 Fax Number: (513) 489-6030 Authorized User Name <u>Aifred J. Mangels</u> Email Address: amangels@fuse.net 9. Signature: Signature

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