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ANDREW T. MILLER
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2. Name and address of receiving party(ies):
Name: **EATON CORPORATION**
Internal Address: **ATTN: Jarett D. Millar**
Street Address: **14615 Lone Oak Road**
City: **Eden Prairie**
State: **Minnesota**
Country: **U.S.A.** Zip: **55344**
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5. Name and address of party to whom correspondence concerning document should be mailed:
Name: **EATON CORPORATION**
Patent Agent: **JARETT D. MILLAR**
Internal Address:
Street Address: **14615 LONE OAK ROAD**
City: **EDEN PRAIRIE** State: **MN** Zip: **55344**
Phone Number: **952-949-1696**
Fax Number: **952-949-7243**
Email Address: **JarettDMillar@eaton.com**

6. Total number of applications and patents involved: 1
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
 None required (government interest not affecting title)

8. Payment Information
a. Credit Card Last 4 Numbers _____
Expiration Date _____
b. Deposit Account Number **05-275 050275**
Authorized User Name **Eaton Corporation**

9. Signature. Jarett Millar
Signature

Sept. 20, 2006
Date

JARETT D. MILLAR
Name of Person Signing

Total number of pages comprising cover sheet, attachments, and documents: **2**

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