

01-26-2007



103365897

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

13277 U.S. PTO
11/656076

012207

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)
Document ID#

Correction of PTO Error
Reel # Frame #

Corrective Document
Reel # Frame #

Conveyance Type

Assignment **Security Agreement**

License **Change of Name**

Merger **Other**

U.S. Government
(For Use ONLY by U.S. Government Agencies)

Departmental File **Secret File**

Conveying Party(ies)

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
Jan 12 2007

Name (line 1)

Name (line 2)

Second Party

Execution Date
Month Day Year
Jan 12 2007

Name (line 1)

Name (line 2)

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

FOR OFFICE USE ONLY

01/24/2007 MRELETE1 00000030 11656076

01 FC:8021 (40.00 DP)

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

ASSIGNMENT

In consideration of value received, the receipt and sufficiency of which are hereby acknowledged, the undersigned ASSIGNOR(S)

1. Ti-Li Wei , residing at Tu-cheng, Taiwan
2. Guo-Jiun Shiu , residing at Tu-cheng, Taiwan
3. _____ , residing at _____
4. _____ , residing at _____
5. _____ , residing at _____
6. _____ , residing at _____
7. _____ , residing at _____
8. _____ , residing at _____

hereby sell(s), assign(s) and transfer(s) unto: HON HAI PRECISION IND. CO., LTD. having a principal place of business at No. 2, Tzu Yu Street, Tu-Chen City, Taipei Hsien, Taiwan hereafter designated "ASSIGNEE" the entire right, title and interest for the United States of America as defined in 35 U.S.C. 100, in the invention and all patent applications including any and all divisions, continuations, substitutes, and reissues thereof, and all resulting patents, known as ELECTRICAL CONNECTOR WITH RETAINING MEMBER for which the undersigned

previously executed --- Ser. No. _____ and filing date of _____
 is executing concurrently herewith

an application for Letters Patent of United States of America

AND the undersigned hereby authorize(s) and request(s) the United States Commissioner of Patents and Trademarks to issue said Letters Patent to the said ASSIGNEE, for its interest as ASSIGNEE, its successors, assigns and legal representatives; the undersigned agree(s) that the attorneys of record in said application, if any, shall hereafter act on behalf of said ASSIGNEE;

AND the undersigned hereby agree(s) to testify and execute any papers for ASSIGNEE, its successors, assigns and legal representatives, deemed essential by ASSIGNEE to ASSIGNEE's full protection and title in and to the invention hereby transferred.

1. Ti-Li Wei
Ti-Li Wei, inventor

01/12/07
Date

Witness

2. _____
inventor

Date

Witness

3. _____
inventor

Date

Witness

4. _____
inventor

Date

Witness

5. _____
inventor

Date

Witness

6. _____
inventor

Date

Witness

7. _____
inventor

Date

Witness

8. _____
inventor

Date

Witness

1.	_____ Ti-Li Wei, inventor	_____ Date	_____ Witness
2.	_____ <i>Guo-Jiun Shiu</i> Guo-Jiun Shiu, inventor	_____ 01/12/07 Date	_____ Witness
3.	_____ inventor	_____ Date	_____ Witness
4.	_____ inventor	_____ Date	_____ Witness
5.	_____ inventor	_____ Date	_____ Witness
6.	_____ inventor	_____ Date	_____ Witness
7.	_____ inventor	_____ Date	_____ Witness
8.	_____ inventor	_____ Date	_____ Witness

113277 U.S. PTO
11/656076



012207

Correspondent Name and Address **Area Code and Telephone Number**

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Application Number(s) or Patent Number(s) Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number PCT PCT

only if a U.S. Application Number has not been assigned. PCT PCT PCT

Number of Properties Enter the total number of properties involved. #

Fee Amount **Fee Amount for Properties Listed (37 CFR 3.41):** \$

Method of Payment: Enclosed Deposit Account

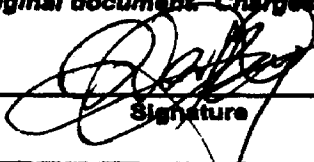
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

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. Charges to deposit account are authorized, as indicated herein.

Name of Person Signing **Signature** **Date**