

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Mr David Michael Prokop	10/31/2007
RECEIVING PARTY DATA	
Name:	Mr David Michael Prokop
Street Address:	20407 NE 35th Street
City:	sammamish
State/Country:	WASHINGTON
Postal Code:	98074
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	5566913
CORRESPONDENCE DATA	
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NAME OF SUBMITTER:	David Prokop
Total Attachments: 1 source=Patent5566913Change#page1.tif	

OP \$40.00 5566913

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PATENT  
REEL: 020045 FRAME: 0135

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	08/455,386
Filing Date <input type="checkbox"/> <input type="checkbox"/>	05/31/1995
First Named Inventor <input type="checkbox"/>	David Michael Prokop
Art Unit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3505
Examiner Name	Purol
Attorney Docket Number	

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

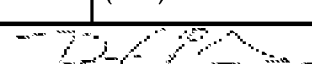
The reasons for this request are:

**CORRESPONDENCE ADDRESS**

1. ☒ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	David Michael Prokop				
Address <input type="checkbox"/>	20407 NE 35th ST				
City	Sammamish	State	WA	Zip	98074
Country	USA				
Telephone	(425) 985-9614 or (425) 836-5388			Email	DavidProkop@gmail.com
Signature					
Name	David Prokop			Registration No.	
Date	Oct 31 2007			Telephone No.	(425) 836-5388

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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**PATENT****RECORDED: 10/31/2007****REEL: 020045 FRAME: 0136**