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ARL 04-75

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

<b>1. Name of conveying party(ies)</b> Saswat Misra Ananthram Swami		<b>2. Name and address of receiving party(ies)</b> Name: <u>United States of America as represented by the</u> Internal Address: <u>Secretary of the Army</u>  Street Address: _____  City: <u>Washington</u> State: <u>DC</u> Country: <u>USA</u> Zip: <u>20310</u>	
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>3. Nature of conveyance/Execution Date(s):</b> Execution Date(s) <u>July 11, 2005</u> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____			
<b>4. Application or patent number(s):</b> A. Patent Application No.(s) <u>11/166,077</u>		<input type="checkbox"/> This document is being filed together with a new application. B. Patent No.(s)	
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>5. Name and address to whom correspondence concerning document should be mailed:</b> Name: <u>U.S. Army Research Laboratory</u> Internal Address: <u>AMSRD-ARL-O-CC-IP</u> Street Address: <u>2800 Powder Mill Road</u> City: <u>Adelphi</u> State: <u>Maryland</u> Zip: <u>20783-1197</u> Phone Number: <u>301-394-3791</u> Fax Number: <u>301-394-3972</u> Email Address: <u>Guy.m.miller@arl.army.mil</u>		<b>6. Total number of applications and patents involved:</b> <u>1</u>	
		<b>7. Total fee (37 CFR 1.21(h) &amp; 3.41)</b> \$ <u>40.00</u> <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)	
		<b>8. Payment Information</b> a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>19-2201</u> Authorized User Name <u>Guy M. Miller</u>	
<b>9. Signature:</b> <u>Guy M. Miller</u> Signature		<u>4-28-08</u> Date	
Guy M. Miller, Reg. No. 32,333 Name of Person Signing		Total number of pages including cover sheet, attachments, and documents: <u>3</u>	

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For use of this form, see AR 27-60; the proponent agency is OTJAG

Use this form with DA Forms 2873-R and 2874-R when additional signature blocks are needed.

1. ASSIGNOR(s) OR LICENSOR(s) NAME(s)

Saswat Misra and Ananthram Swami

2. APPLICATION SERIAL NUMBER

ARL 04-75 11/166,077

3. FILING DATE

June 27, 2005

4. TITLE OF INVENTION

Improved Training for Time-Selective Wireless Fading Channels Using Cutoff Rate

SIGNATURE OF INVENTOR:

Ananthram  
(First name)

Swami  
(Middle initial)

Swami  
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DATE SIGNED:

11 JULY 2005

INVENTOR'S TYPED NAME:

Ananthram Swami

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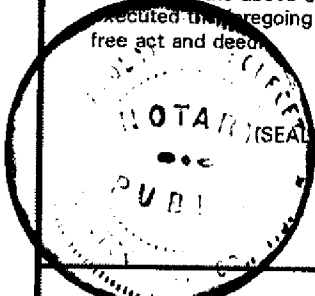
STATE OF Maryland )

COUNTY OF Montgomery ) SS.

On the above date executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed.

Ananthram Swami

known to me to be the individual described in and who



Carolyn J Sawyer  
(Signature of notary public)

My Commission expires on December 1, 2007

SIGNATURE OF INVENTOR:

(First name)

(Middle initial)

(Last name)

DUTY ADDRESS:

DATE SIGNED:

INVENTOR'S TYPED NAME:

\*\*\*\*\*

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.

On the above date executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed.

known to me to be the individual described in and who

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(Signature of notary public)

My Commission expires on \_\_\_\_\_