

A/D 581-40

IAPO3Rec'd PCT 06 FEB 2009

Form PTO-1595  
1-31-92U.S. Department of Commerce  
United States Patent and Trademark Office

02-17-2009

IEET


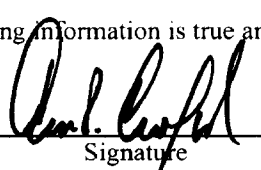
12/310012

Our Ref.: SCS-550-1128



103548316

To the Director of the U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): 1 Bruce James MATHEWSON 2 Antony John HARRIS</p> <p>Additional name/s of conveying party/ies attached? <input type="checkbox"/></p> <p>3. Nature of conveyance:  <input checked="" type="checkbox"/> Assignment      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Assignment      <input type="checkbox"/> Change of Name  <input type="checkbox"/> Other</p> <p>Execution Date:      1. October 9, 2006         2. October 2, 2006</p>	<p>2. Name and address of receiving party(ies):</p> <p>1) Name: ARM LIMITED          Street Address: 110 Fulbourn Road, Cherry Hinton          City: Cambridge          State/Country: United Kingdom      Zip: CB1 9NJ</p> <p>Additional name/s &amp; address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Application number(s) or patent number(s): <input checked="" type="checkbox"/> This assignment is being filed together with a new application.</p> <p>A. Patent Application No(s).          (1) To be assigned          (2)          (3)</p> <p>B. Patent No(s).          (1)          (2)          (3)</p> <p>Additional numbers attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Stanley C. Spooner</p> <p>Internal Address:</p> <p>Street Address: Nixon &amp; Vanderhye P.C.          901 North Glebe Road          11th Floor</p> <p>City: Arlington      State: VA      Zip: 22203</p>	<p>6. Total number of applications &amp; patents involved: 1</p> <p>7. Total fee (37 CFR 3.41) \$ 40.00  <input checked="" type="checkbox"/> Enclosed  <input type="checkbox"/> Authorized to be charged to deposit account #14-1140</p> <p>8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.</p>
DO NOT USE THIS SPACE	
<p>9. Statements 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.</p> <p> Stanley C. Spooner       25,327      February 6, 2009          Name of Person Signing      Signature      Date          Reg. No. 27,393</p> <p>Total number of pages including original cover sheet, attachments, and document: [2]</p>	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:

Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

02/09/2009 MKAYPAGH 00000043 12310012

05 FC:8021

40.00 DP

1435214

PATENT  
REEL: 022274 FRAME: 0310

