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Certificate

SEP 21 2004

PTO-2040

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## of Correction

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ORIGINAL	¥		CROSS R	EFERENC	E(S)		
CLASS SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
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TERMINAL	DRAWINGS			CLAIMS ALLOWED			
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not extend beyond the expiration date of U.S Patent. No.	parc	16.018		ISS	UE FEE (Am		
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WARNING: The information disclosed herein may be re Possession outside the U.S. Patent & Trade	stricted. Unauthorized mark Office is restricted	disclosure may be to authorized emp	prohibited by the loyees and contra	United States Code Title 3 ctors-only.	35, Sections 122, 181 and 368.		
Form <b>PTO-436A</b> (Rev. 6/99)		_ <del></del>	FILED WITH	·	FICHE CD-RON		

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Dear Assistant Commissioner:

Transmitted herewith is the patent application of



	INVENTOR(s	s)/APPLICANT(s)
Last Name	First Name, MI	Residence (City and State or Country)
Sarkissian Dietz	Haig A. Russell S.	San Antonio, Texas San Jose, CA
	TITLE OF	THE INVENTION
ASSOCIATIVE ( NETWORK MONIT		OKUPS AND UPDATES OF FLOW RECORDS IN A
	CORRESPONDENCE ADDRE	SS AND AGENT FOR APPLICANT(S)
	Dov Rosenfeld, Reg. No. 5507 College Avenue, Su Oakland, California, 946 Telephone: (510) 547-33	nite 2 518 78; Fax: (510) 653-7992
	ENCLOSED APPLICAT	TION PARTS (check all that apply)
X 21 shee Information Form PTO- copy of each Declaration An assignme A letter requ An assignme Additional i X Return poste This application has: a small entit is 6 wa	Disclosure Statement.  1449: INFORMATION DISCLOS  n references included in PTO-1449 and Power of Attorney ent of the invention to Apptitude, desting recordation of the assignment Cover Sheet.  nventors are being named on sepacard.	SURE CITATION IN ANAPPLICATION, together with a 9.  Inc nent.  arately numbered sheets attached hereto.
	Certificate of Mail	ling under 37 CFR 1.10
Service as Express M	this application and all attachment	ts are being deposited with the United States Postal 61895US in an envelope addressed to Box Patent



Name: Dov Rosenfeld, Reg. No. 38687

	TOTAL CLAIMS	NO. OF EXTRA CLAIMS	RATE	EXTRA CLAIM FEE
TOTAL CLAIMS	20	0	\$18	\$ 0.00
INDEP. CLAIMS	3	0	\$78	\$ 0.00
	BASIC APPLICATION FEE: \$ 690			
	TOTAL FEES PAYABLE: \$ 690			\$ 690.00

METHOD OF PAYMENT
A check in the amount of is attached for application fee and presentation of claims.  A check in the amount of \$\\$\frac{\\$40.00}{\}\$ is attached for recordation of the Assignment.  The Commissioner is hereby authorized to charge payment of the any missing filing or other fees required for this filing or credit any overpayment to Deposit Account No. 50-0292  (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

Respectfully Submitted,

Dov Rosenfeld, Reg. No. 38687

Correspondence Address:

Dov Rosenfeld

5507 College Avenue, Suite 2 Oakland, California, 94618

Telephone: (510) 547-3378; Fax: (510) 653-7992



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