

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith along with any and all foreign applications filed and foreign patents issued therefrom.

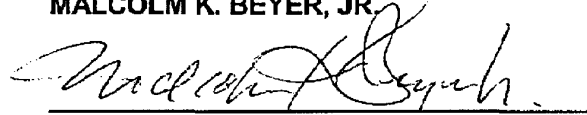
Barry L. Haley, Registration No. 25,339
Dale Paul DiMaggio, Registration No. 31,823
Joseph R. Englander, Registration No. 38,871
Jerry D. Haynes, Registration No. 42,646
James David Johnson, Registration No. 47,685
Clark A.D. Wilson, Registration No. 55,732

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Fort Lauderdale, Florida 33316

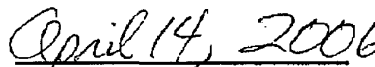
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Citizenship
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Inventor's Signature



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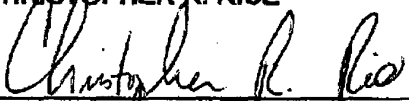
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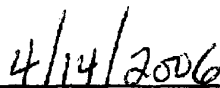
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APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.1

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Application Information:

Title of Invention : METHOD OF PROVIDING A CELLULAR
PHONE/PDA COMMUNICATION SYSTEM
Application Type : regular, utility
Attorney Docket Number : 10963.3803

Botanic Information:

Publication Information:

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Suggested Classification -
Suggested Technology Center -
Total Number of Drawing Sheets -

Representative Information:

Domestic Priority Information:

This is a Continuation-in-part of US application number 10711490, filed 2004-09-21 , now Pending.

Foreign Priority Information:

Assignee Information:

FEE TRANSMITTAL

Electronic Version v10

Stylesheet Version v10

Title of Invention	METHOD OF PROVIDING A CELLULAR PHONE/PDA COMMUNICATION SYSTEM																												
Application Number :																													
Date :																													
First Named Applicant:		Malcolm K. Beyer Jr.																											
Attorney Docket Number:		10963.3803																											
TOTAL FEE AUTHORIZED \$ 1225																													
Patent fees are subject to annual revisions on or about October 1st of each year.																													
Filing as small entity																													
BASIC FILING FEE																													
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Fee Description</th><th style="width: 15%;">Fee Code</th><th style="width: 20%;">Amount \$</th><th style="width: 15%;">Fee Paid \$</th><th style="width: 20%;"></th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td style="text-align: center;">4011</td><td style="text-align: right;">75</td><td style="text-align: right;">75</td><td></td></tr><tr><td colspan="3" style="text-align: right;">Subtotal For Basic Filing Fees:</td><td style="text-align: right;">\$ 75</td><td></td></tr></tbody></table>					Fee Description	Fee Code	Amount \$	Fee Paid \$		Utility Filing Fee	4011	75	75		Subtotal For Basic Filing Fees:			\$ 75											
Fee Description	Fee Code	Amount \$	Fee Paid \$																										
Utility Filing Fee	4011	75	75																										
Subtotal For Basic Filing Fees:			\$ 75																										
EXTRA CLAIM FEES																													
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Fee Description</th><th style="width: 10%;">Extra Claim</th><th style="width: 15%;">Fee Code</th><th style="width: 15%;">Amount \$</th><th style="width: 30%;">Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td style="text-align: center;">0</td><td style="text-align: center;">2202</td><td style="text-align: right;">25</td><td style="text-align: right;">0</td></tr><tr><td>Independent Claims : 11</td><td style="text-align: center;">8</td><td style="text-align: center;">2201</td><td style="text-align: right;">100</td><td style="text-align: right;">800</td></tr><tr><td colspan="3" style="text-align: right;">Subtotal For Extra Claims Fees:</td><td style="text-align: right;">\$ 800</td><td></td></tr></tbody></table>					Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	2202	25	0	Independent Claims : 11	8	2201	100	800	Subtotal For Extra Claims Fees:			\$ 800						
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Total Claims : 20	0	2202	25	0																									
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ADDITIONAL FEES																													
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Fee Description	Extra Pages Increment	Fee Code	Amount \$	Fee Paid \$																									
Extra pages fee	0	2081	125	0																									
Examination fee		2311	100	100																									
Search fee		2111	250	250																									
Subtotal For Additional Fees:			\$350																										
AUTHORIZED BILLING INFORMATION																													
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																													
Deposit account number:		131130																											
Access Code		****																											
Deposit name:		MalinHaleyDiMaggio;Crosby																											
Deposit authorized name:		Arlette J. Breakstone																											
Signature:		/arlette j breakstone/																											

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