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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 thereform.

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APPLICATION DATA SHEET

Electronic Version v14

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Applicant Information: Inventor 1: Applicant Authority Type: Inventor Citizenship: US Given Name: Malcolm K. Middle Name: Family Name: Beyer Name suffix: Jr. City of Residence: Jupiter Inlet Colony State of Residence: FL US **Country of Residence:** Address-1 of Mailing Address: 92 Lighthouse Drive Address-2 of Mailing Address: City of Mailing Address: Jupiter Inlet Colony State of Mailing Address: FL 33469-3504 Postal Code of Mailing Address: **Country of Mailing Address:** US Phone: Fax: E-mail: Correspondence Information: **Customer Number:** 22235 **Application Information:** METHOD OF PROVIDING A CELLULAR Title of Invention : PHONE/PDA COMMUNICATION SYSTEM **Application Type :** regular, utility Attorney Docket Number : 10963.3803 **Botanic Information:** Publication Information:

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Suggested Figure for Publication -Suggested Classification -Suggested Technology Center -Total Number of Drawing Sheets -

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Assignee Information:

FEE TRANSMITTAL

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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					
Fee Description	Fee Code	ode Amount \$ Fee Paid \$			
Utility Filing Fee	4011	75 75			
Subtotal For Basic Filing Fees: \$75					
EXTRA CLAIM FEES					
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	
Total Claims : 20 Independent Claims : 11	0 8	2202 2201	2202 25 0 2201 100 800		
Subtotal For Extra Claims Fees: \$ 800					
ADDITIONAL FEES					
Fee Description	Extra Pages Increme	nt Fee Code	Amount \$	Fee Paid \$	
Extra pages fee	0	2081	125		
Examination fee Search fee		2311 2111	100 250		
		Subtotal For Additional Fees: \$350			
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