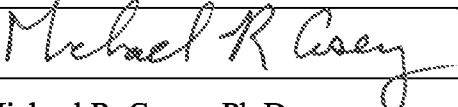


TRANSMITTAL FOR POWER OF ATTORNEY TO ONE OR MORE REGISTERED PRACTITIONERS

NOTE: This form is to be submitted with the Power of Attorney by Applicant form to identify the application to which the Power of Attorney is directed, in accordance with 37 CFR 1.5. If the Power of Attorney by Applicant form is not accompanied by this transmittal form or an equivalent, the Power of Attorney will not be recognized in the application.

| | |
|------------------------|---------------------------------|
| Application Number | 13/012,541 |
| Patent Number | 8,061,598 |
| Filing Date | January 24, 2011 |
| Issue Date | November 22, 2011 |
| First Named Inventor | Patrick Racz |
| Title | DATA STORAGE AND ACCESS SYSTEMS |
| Art Unit | 2887 |
| Examiner Name | |
| Attorney Docket Number | 526934US |

SIGNATURE of Applicant or Patent Practitioner

| | | | |
|---------------------|--|-----------|--------------|
| Signature |  | Date | 21-Nov-2019 |
| Name | Michael R. Casey, Ph.D. | Telephone | 703-413-3000 |
| Registration Number | 40,294 | | |

NOTE: This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) for signature requirements and certifications.

■ *Total of 2 forms are submitted.

POWER OF ATTORNEY BY APPLICANT

(ASSIGNEE, LEGAL REPRESENTATIVE OR PERSON WHO OTHERWISE SHOWS SUFFICIENT PROPRIETARY INTEREST)

I hereby revoke all previous powers of attorney given in the application identified in the attached Transmittal for Power of Attorney form.

- ☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter:

22850

Please recognize or change the correspondence address for the above-identified patent to:

- ☒ The address associated with the above-mentioned Customer Number.

I am the Applicant:

- ☒ Assignee or Person to Whom the Inventor is Under an Obligation to Assign and am authorized to act on behalf of all assignees
- ☐ Person Who Otherwise Shows Sufficient *Proprietary Interest* (e.g., a petition under 37 CFR 1.46 (b)(2) was granted in the application or is concurrently being filed with this document)

SIGNATURE of Applicant for Patent

The undersigned (whose title is supplied below) is authorized to act on behalf of the applicant (e.g., where the applicant is a juristic entity).

Signature

Date

November 20 2019

Name

Patrick Racz

Telephone

Title

Director

Company

Smartflash, LLC

NOTE: Signature - This form must be signed by the applicant. See 37 CFR 1.4 for signature requirements and certifications. Submit multiple forms for more than one signature, see below*.

- ☒ *Total of 1 forms are submitted.