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APPLICATION NUMBER	FILING OR 371(C) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE		
10/781,147	02/18/2004	Floyd Backes	27592-01380-US7		
			CONFIRMATION NO. 6054		
570		POA ACCEPTANCE LETTER			
PANITCH SCHWARZE BELISARIO & NADEL LLP ONE COMMERCE SQUARE 2005 MARKET STREET, SUITE 2200 PHILADELPHIA, PA 19103			OC000000073123850*		

Date Mailed: 02/10/2015

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

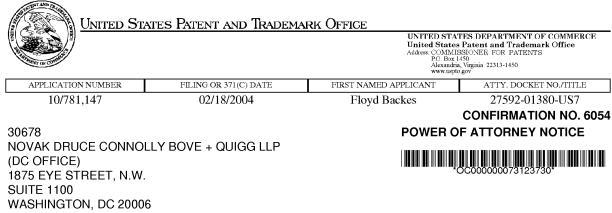
This is in response to the Power of Attorney filed 01/23/2015.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

/kgebremichael/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101

page 1 of 1



Date Mailed: 02/10/2015

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 01/23/2015.

• The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

/kgebremichael/

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Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101

page 1 of 1

PTO/SB/80 (11-08)

Approved for use through 11/30/2011. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Thereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: x Practitioners associated with the Customer Number: OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Name Registration as attorney(s) or agent(s) to represent the undersigned hefore the United States Patent and Trademark. Office (USPTO) in connection with any and all patent applications assigned by to the undersigned seconding to the USPTO assignment records or assignment bocuments and the address associated with Customer Number: Delease change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: x The address associated with Customer Number: O0570 OR Fmm or Individual Name Address City State Zita E Cata Fund Limited Liability Company 2711 Centerville Road State Acoget the splication in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner's appolication in which this Power of Actionery is to be filed. Address City Cita Zip City State Zip Country Telephone<	POWI	ER OF	ATTORNE	Y TO PROSEC	JTE APPLIC	ATIONS BI	EFORE TH	E USPTO
I hereby appoint: I hereby appoint: x Practitioners associated with the Customer Number: 00570 OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number Name Name Registration Number Name Name Registration number Name satterney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark. Office (USPTO) in connection with any and alptact application assignment documents attached to this form in accordance with 37 CFR 3.73(b) Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: x The address associated with Customer Number: 00570 OR Firm or individual Name Address Address Email Assignee Name and Address: Piccata Fund Limited Liability Company 2711 Centerville Road Suite 400 Wilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in acta application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the anapplication in which this form is used. The statement under 37 CFR 3.73(b) may			previous power	s of attorney given	in the application	identified in	the attached :	statement under
OR OUD 7/0 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number Name Number Name Registration Number Name Registration Number Name Registration Number stormy(b) or agen(b) to represent the undersigned before the United States Patent and Trademark. Office (USPTO) in connection with any and all patent application assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Image: State Difference City State City State City State City State Did address: Piccata Fund Limited Liability Company 2711 Centerville Road Suite 400 Wilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (form PTO/SB/96 or equivalent) is required to be filed in each application in which this Porm is used. The statement under 37 CFR 3.73(b) me completed by one of the practitioner's authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE o	y							
Name Number Name Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment vecords or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Image: The address associated with Customer Number: O0570 OR Firm or Individual Name Address City State Country Value 400 Wilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this Form is used. The statement under 37 CFR 3.73(b) (may be completed by one of the practitioner's appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Form is used. The statement under 37 CFR 3.73(b) (may be completed by one of the practitioner's authorized to act on behalf of the assignee, and must identify the application in which this form is used. The statement under 37 CFR 3.73(b) (Tern 37 CF	OR				00			er must be used):
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Image: Ima	any and all pater	nt applica	tions assigned only	to the undersigned acc				
City State Zip Country Telephone Email Assignee Name and Address: Piccata Fund Limited Liability Company 2711 Centerville Road Suite 400 Wilmington, DE 19808 Vilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Mag. Mag. Date 1/25/14/ Name Rogef Bird Telephone	X The a	address	•				ament under S7	
Country Telephone Email Assignee Name and Address: Piccata Fund Limited Liability Company 2711 Centerville Road Suite 400 Wilmington, DE 19808 Vilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and tille is supplied below is authorized to act on behalf of the assignee Signature Magd. Magd. Date // 2.5 //4/ Name Roger Bird Telephorie	Address							
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Piccata Fund Limited Liability Company 2711 Centerville Road Suite 400 Wilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Magentary Date // 2.5/14/ Name Roger Bird Telephorie	formare and a second se	me and	Address:					
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SignATURE of Assignee of Record The individual whose signature and thile is supplied below is authorized to act on behalf of the assignee Signature Mame Roget Bird	Piccata Fu 2711 Cent Suite 400	und Lin terville	nited Liability (Road	Company				
The individual whose signature and the is supplied below is authorized to act on behalf of the assignee Signature Date ///2.5//14/ Name Roget Bird Telephone	filed in each a the practitions	pplicati ers appo	on in which this pinted in this for	form is used. The s m if the appointed p	tatement under 3 ractitioner is auth	7 CFR 3.73(b) norized to act	may be compl	leted by one of
Name Roger Bird // Telephone		The	individual whose si				half of the assign	ice
Name Rogef Bird // Telephone /	Signature	72	ne, D. The			Date //	125/14	
Title Authorized Person for Piccata Fund Limited Liability Company	Name				Telephone			
	Title	Autho	orized Person	for Piccata Fund	Limited Liabilit	y Company		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY (37 C.F.R. 3.73(b)(2)(i))

I, Roger Bird (whose title is supplied below), hereby declare that I am authorized to sign on behalf of Piccata Fund Limited Liability Company.

Roger Bird, Authorized Person for Piccata Fund Limited Liability Company

11/25

Date

Electronic Acknowledgement Receipt					
EFS ID:	21269218				
Application Number:	10781147				
International Application Number:					
Confirmation Number:	6054				
Title of Invention:	TRANSMISSION CHANNEL SELECTION PROGRAM				
First Named Inventor/Applicant Name:	Floyd Backes				
Customer Number:	30678				
Filer:	Jeffrey W. Gluck/Denise Porreca				
Filer Authorized By:	Jeffrey W. Gluck				
Attorney Docket Number:	27592-01380-US7				
Receipt Date:	23-JAN-2015				
Filing Date:	18-FEB-2004				
Time Stamp:	11:58:34				
Application Type:	Utility under 35 USC 111(a)				

Payment information:

Submitted with Payment		no				
File Listing	g:					
Document Number	Document Description		File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Assignee showing of ownership per 37 CFR 3.73.		ATEMENT_UNDER_PRE_AIA_ TION_373b_OR_POST_AIA_ 373c.PDF	450853 beca90e296dd9c5797ac7be0e3948ba2369 aa38a	no	1
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