## **Application Data Sheet**

## **Application Information**

Application number::	
Filing Date::	
Application Type::	Provisional
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	REMOTE POSITIONING
Attorney Docket Number::	025714-010100US
	N La
Request for Early Publication::	No
Request for Early Publication:: Request for Non-Publication::	No
Request for Non-Publication::	
Request for Non-Publication:: Suggested Drawing Figure::	No
Request for Non-Publication:: Suggested Drawing Figure:: Total Drawing Sheets::	No 5
Request for Non-Publication:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?::	No 5
Request for Non-Publication:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?:: Latin name::	No 5
Request for Non-Publication:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?:: Latin name:: Variety denomination name::	No 5 No
Request for Non-Publication:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?:: Latin name:: Variety denomination name:: Petition included?::	No 5 No
Request for Non-Publication:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?:: Latin name:: Variety denomination name:: Petition included?:: Petition Type::	No 5 No

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	New Zealand
Status::	Full Capacity
Given Name::	Peter
Middle Name::	
Family Name::	France
Name Suffix::	
City of Residence::	Christchurch
State or Province of Residence::	
Country of Residence::	New Zealand
Street of Mailing Address::	18 Highcrest Heights, Westmorland
City of Mailing Address::	Christchurch
State or Province of mailing address::	
Country of mailing address::	New Zealand
Postal or Zip Code of mailing address::	8025
Correspondence Information	
Correspondence Customer Number::	20350
	20350
Representative Information	20330
Representative Information Representative Customer Number::	20350
-	
Representative Customer Number::	
Representative Customer Number:: Assignee Information	20350
Representative Customer Number:: Assignee Information Assignee Name::	20350 Trimble Navigation Limited
Representative Customer Number:: <b>Assignee Information</b> Assignee Name:: Street of mailing address::	20350 Trimble Navigation Limited 935 Stewart Drive
Representative Customer Number:: <b>Assignee Information</b> Assignee Name:: Street of mailing address:: City of mailing address::	20350 Trimble Navigation Limited 935 Stewart Drive Sunnyvale
Representative Customer Number:: <b>Assignee Information</b> Assignee Name:: Street of mailing address:: City of mailing address:: State or Province of mailing address::	20350 Trimble Navigation Limited 935 Stewart Drive Sunnyvale CA US

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