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FACSIMILE TRANSMISSION COVER SHEET

Date: April 27, 2009

To: United States Patent and Trademark Office
Examiner: Harris, Lauri D.; Art Unit: 2614

Fax: (571) 273-8300

Re: **Application Serial No.: 11/201,637**
Filing Date: 8/10/2005; First-Named Inventor: Benyassine
Attorney Docket No.: 0160132

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 15

Message:

Enclosed please find the Amendment and Response to Final Office Action dated April 14, 2009.

Thank you.

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Attorney Docket No.: 0160132

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Benyassine, et al.SERIAL NO.: 11/201,637 FILED: 8/10/2005FOR: Echo Path Change Detection Using Dual Sparse FilteringHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	24	MINUS **24	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***2	* = 0	x 210	x 105	\$
First presentation of multiple dependent claim				+ 370	+ 185	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

05M0030

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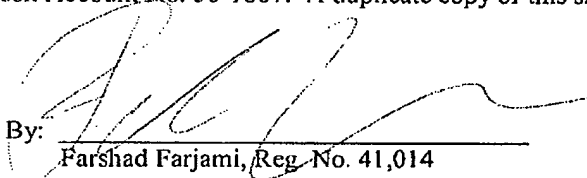
Attorney Docket No.: 0160132

- ☐ Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-1867 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date:

4/27/09

By:


Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

4/27/09

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Name of Person Performing Facsimile Transmission

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