

JAN 16 2009



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**FACSIMILE TRANSMISSION COVER SHEET**

Date: January 16, 2009

To: United States Patent and Trademark Office  
Examiner: Harris, Lauri D.; Art Unit: 4177

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: 16

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated January 7, 2009.

Thank you.

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JAN 16 2009

Attorney Docket No.: 0160132

### AMENDMENT COVER SHEET

IN RE APPLICATION OF: Benyassine, Adil

SERIAL NO.: 11/201,637 FILED: 8/10/2005

FOR: Echo Path Change Detection Using Dual Sparse Filtering

HONORABLE 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	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☐ 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 52	x 26	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

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.

-1-

05M0030

Attorney Docket No.: 0160132

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (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.

Date: 1/16/09By: 

Farshad Farjani, Reg. No. 41,014

CERTIFICATE 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: 1/16/09Signature: Christina Carter Ellis

Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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CENTRAL FAX CENTERAttorney Docket No.: 0160132  
Application Serial No.: 11/201,637

JAN 16 2009

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: <b>BENYASSINE, et al.</b>	Examiner: 4177
Application Serial No.: <b>11/201,637</b>	Art Unit: Harris, Laurid
Filed: <b>August 10, 2005</b>	
Title: <b>ECHO PATH CHANGE DETECTION USING DUAL SPARSE FILTERING</b>	

AMENDMENT AND RESPONSE TO *NON-FINAL* OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Non-Final* Office Action, dated January 7, 2009, in the above-referenced patent application. Please enter and consider the following remarks.