

PART B - FEE(S) TRANSMITTAL

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120281 7590 02/10/2017
Spruce Law Group, LLC
1622 Spruce St.
Philadelphia, PA 19103

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Form with fields for (Depositor's name), (Signature), and (Date)

Table with columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO. Values: 14/338,099, 07/22/2014, Duane Rabe, 2014-06\_5000-0171, 5881

TITLE OF INVENTION: METHOD AND APPARATUS FOR TRANSITIONING BETWEEN CELL SITES

Table with columns: APPLN. TYPE, ENTITY STATUS, ISSUE FEE DUE, PUBLICATION FEE DUE, PREV. PAID ISSUE FEE, TOTAL FEE(S) DUE, DATE DUE. Values: nonprovisional, SMALL - Large, \$480 \$960, \$0, \$0, \$480, 05/10/2017

Table with columns: EXAMINER, ART UNIT, CLASS-SUBCLASS. Values: CRUTCHFIELD, CHRISTOPHER M, 2466, 370-334000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) The names of up to 3 registered patent attorneys or agents OR, alternatively, (2) The name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. (A) NAME OF ASSIGNEE: Achilles Technology Management Co. II, Inc. (B) RESIDENCE: (CITY and STATE OR COUNTRY): Palo Alto, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] Individual [X] Corporation or other private group entity [ ] Government

4a. The following fee(s) are submitted: [X] Issue Fee [ ] Publication Fee [ ] Advance Order - # of Copies 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) [ ] A check is enclosed. [X] Payment by credit card. Form PTO-2038 is attached. [ ] The director is hereby authorized to charge the required fee(s), any deficiency, or credits any overpayment, to Deposit Account Number

5. Change in Entity Status (from status indicated above) [ ] Applicant certifying micro entity status. [ ] Applicant asserting small entity status. [X] Applicant changing to regular undiscounted fee status. NOTE: Absent a valid certification of Micro Entity Status (see forms PTO/SB/15A and 15B), issue fee payment in the micro entity amount will not be accepted at the risk of application abandonment. NOTE: If the application was previously under micro entity status, checking this box will be taken to be a notification of loss of entitlement to micro entity status. NOTE: Checking this box will be taken to be a notification of loss of entitlement to small or micro entity status, as applicable.

NOTE: This form must be signed in accordance with 37 CFR 1.31 and 1.33. See 37 CFR 1.4 for signature requirements and certifications.

Authorized Signature /Stephen B. Schott/ Date May 9, 2017
Typed or printed name Stephen B. Schott Registration No. 51294