

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (25 characters maximum)
HP09/1122000671/1152279369

Box No. I TITLE OF INVENTION	
LPS NAVIGATION SYSTEM	
Box No. II APPLICANT <input checked="" type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) PHAM, HENRY VIET 11500 HILDEN ANAHEIM, CA 92806 UNITED STATES OF AMERICA	E-mail address* HenryVPham@Gmail.com Telephone No. 714-686-0927 Facsimile No. Applicant's registration No. with the Office
* E-mail authorization: Indicating an e-mail address above authorizes the receiving Office, the International Searching Authority and the International Bureau, if they provide such a service, to send notifications exclusively by e-mail to that address, unless the following box is marked: <input checked="" type="checkbox"/> notifications are requested to be sent exclusively by postal mail	
State (that is, country) of nationality: VIETNAM	State (that is, country) of residence: UNITED STATES OF AMERICA
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) NONE	E-mail address* N/A Telephone No. Facsimile No. Agent's registration No. with the Office
* E-mail authorization: Indicating an e-mail address above authorizes the receiving Office, the International Searching Authority and the International Bureau, if they provide such a service, to send notifications exclusively by e-mail to that address, unless the following box is marked: <input type="checkbox"/> notifications are requested to be sent exclusively by postal mail	
<input checked="" type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	