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Form PTO-1595 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)								
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.								
1. Name of conveying party(ies): <u>Digi International Inc. , a Delaware corporation</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Communications Systems, Inc. , a Minnesota corporation</u> Internal Address: _____ Street Address: <u>220 Elm Avenue</u> City: <u>Hector</u> State <u>MN</u> Zip: <u>55342</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>March 25, 2002</u>								
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">A. Trademark Application No.(s)</td> <td style="width: 50%; border: none;">B. Trademark Registration No.(s) <u>1,778,776</u></td> </tr> </table> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			A. Trademark Application No.(s)	B. Trademark Registration No.(s) <u>1,778,776</u>				
A. Trademark Application No.(s)	B. Trademark Registration No.(s) <u>1,778,776</u>							
5. Name and address of party to whom correspondence concerning documents should be mailed: Name: <u>Connie R. Heikkila, Paralegal</u> Internal Address: <u>Lindquist & Vennum, P.L.L.P.</u> Street Address: <u>4200 IDS Center, 80 So. 8th Street</u> City: <u>Minneapolis</u> State: <u>MN</u> Zip: <u>55402</u>	6. Total number of applications and registrations involved: <u>1</u> 7. Total fee (37 CFR 3.41)..... \$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>50-0837</u> (Attach duplicate copy of this page if paying by deposit account)							
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9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> <table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;"><u>Connie R. Heikkila, Paralegal</u></td> <td style="width: 40%; border: none;"></td> <td style="width: 30%; border: none;"><u>July 2, 2003</u></td> </tr> <tr> <td style="border: none;">Name of Person Signing</td> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table> Total number of pages including coversheet, attachments, and documents: 3			<u>Connie R. Heikkila, Paralegal</u>		<u>July 2, 2003</u>	Name of Person Signing	Signature	Date
<u>Connie R. Heikkila, Paralegal</u>		<u>July 2, 2003</u>						
Name of Person Signing	Signature	Date						

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Mail documents to be recorded with required coversheet information to:
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