

Opposer's authenticated notice of having received this document consisting of 1 pages, plus attachment and this Page:

To:
PERKINS COIE LLP
Alice D. Leiner
Attorney for OPPOSER, Advanced Digital Information Corporation
1201 Third Avenue, 40th Floor
Seattle, Wa. 98101-3099

UNITED STATES PATENT AND TRADEMARK OFFICE
Trademark Trial and Appeal Board (TT&AB)
POB; PTO TTAB NOFEE
2900 Crystal Drive
Arlington, Virginia 22202-3513

Applicant's Serial No.: 75/408,415

Opposition No. 122, 678

Everette Lawrence Wampler	Applicant
Vs	
Advanced Digital Information Corporation	Opposer

Attn: Andrew P. Baxley, Interlocutory Attorney, Trademark Trial and Appeal Board.
703 308-9330, ext.: 119

Reference to trademark application: SCALAR II NETWORK SYSTEMS (stylized).

Subject: Response to Opposition No. 122,678.

I am the attorney representing the Opposer and I have received the titled document:

Signature of Opposer's Attorney

Date

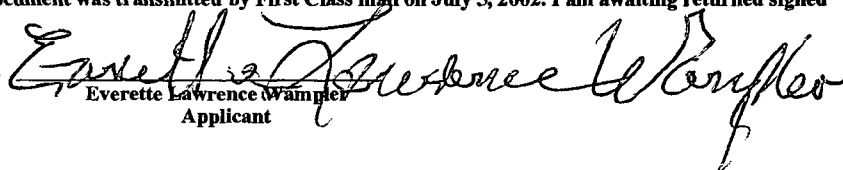
Time

Please return to: **Everette Lawrence Wampler**
6708 Bostwick Drive
Springfield, Va. 22151

This document will be mailed U.S. Postal Service
Ph: 206 583 8488

This page as an addendum to the subject document was transmitted by First Class mail on July 5, 2002. I am awaiting returned signed copy.

See Certified mail receipt on attached page.


Everette Lawrence Wampler
Applicant

IGN
RE

QUEST DIAGNOSTICS BALTIMORE
 SEND ATTN: SEND OUTS
 TO: 1900 SULPHUR SPRING ROAD
 BALTIMORE, MD 21227



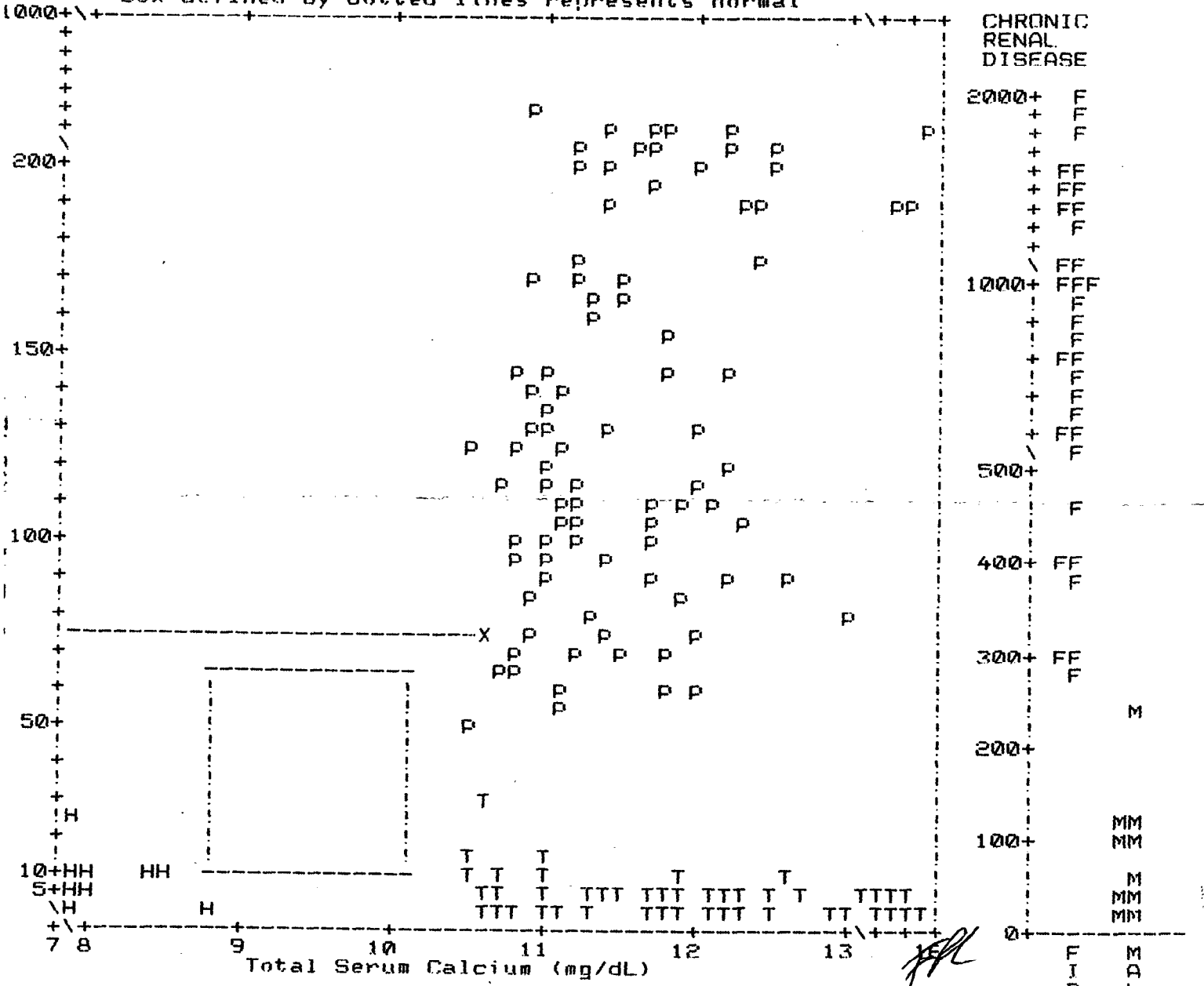
Quest Diagnostics Incorporated
 33608 Ortega Hwy., San Juan Capistrano, CA 926
 CLIENT SERVICES - (800) 553-6445
 Directors: D.A. Fisher MD, R.E. Reitz MD

Nichols Institute™

PATIENT NAME WAMPLER, EVERETTE L				PATIENT ID NO. RA2336974		COLLECTED DATE 04/05/2002	TIME 15:25
SESSION NO. 28115388*	BIRTH DATE 70	GENDER MALE	SAMPLE ID NO. NOT GIVEN	OTHER ID NO. RA2336974		RECEIVED 04/06/2002	06:05
MARKS				REFERRING PHYSICIAN		REPORTED 04/09/2002	20:34
						STATUS DUPLICATE	

TEST RESULT (** = OUT OF RANGE) UNITS REFERENCE RANGE
 PTH, Intact 77* pg/mL 10-65 (ADULT)
 To convert pg/mL to pmol/L multiply the result by 0.106.
 Calcium, Serum 10.6* mg/dL 8.8-10.1

LEGEND: X = PATIENT VALUE
 P = PRIMARY HYPERPARATHYROIDISM
 T = HYPERCALCEMIA OF MALIGNANCY
 Box defined by dotted lines represents normal
 FIB = OSTEITIS FIBROSA
 MAL = OSTEOMALACIA
 H = HYPOPARATHYROIDISM



The Johns Hopkins Outpatient Center
ENDOCRINE SURGERY
601 North Caroline Street
Baltimore, Maryland 21287

#2
PTO

June 20, 2002

Everette L Wampler
6708 POSTWICK DR.
SPRINGFIELD, Virginia 22151

Dear Everette L Wampler,

Due to a change in schedule, it is necessary to **cancel** the following appointment:

Doctor.: Martha A Zeiger
Date...: July 19, 2002
Time...: 11:30

We have rescheduled your appointment to:

Doctor.: Martha A Zeiger
Date...: July 19, 2002
Time...: 10:00

9:15

If the new appointment presents any problem for you, please call Sidone Lawrence at 410-614-1197.

We are sorry for any inconvenience this may cause.

Thank you.

JOHN T. O'BRIEN, M.D., F.A.C.C.
 KEVIN M. ROGAN, M.D., F.A.C.C.
 JUN A. QUION, M.D., F.A.C.C.
 TAX I.D. #54-1282476

ROGAN & O'BRIEN
CARDIOVASCULAR ASSOCIATES, P.C.
 3299 WOODBURN ROAD, SUITE 200
 ANNANDALE, VIRGINIA 22003

Tel: 703-573-0740
 Tel: 703-698-6255
 Fax: 703-207-8561

#3
 PTO

DATE	APPT. TIME	SOCIAL SECURITY NO.	ACCT. NO.	PATIENT NAME	DR. NO.	VOUCHER NO.	
06/26/02			18387	O EVERETTE WAMPLER			
GUARANTOR NAME AND ADDRESS			AGE / SEX DATE OF BIRTH	HOME PHONE WORK PHONE	INSURANCE CARRIER POLICY		
				256-0258	NC PPO		
COMMENTS			REFERRED BY	TOTAL BALANCE	CO-PAY	CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> MC/V <input type="checkbox"/>	
			Dr. Frank Crantz 472 K ROGAN	.00		REC'D BY	
PREVIOUS DIAGNOSIS	REASON FOR VISIT			PATIENT BALANCE	TODAY'S CHGS	PD. ON ACCT.	TOTAL D
				.00	380	20	310

OFFICE SERVICES	CPT	FEE	OFFICE SERVICES	CPT	FEE	OFFICE PROCEDURES	CPT	FEE
OFFICE CONSULTATION/L1	99242		OFFICE VISIT, ESTABL	99212		ECHOCARDIOGRAM 2-D	93307	
OFFICE CONSULTATION/L2	99243		OFFICE VISIT, ESTABL	99213		ECHO DOPPLER STUDY	93320	
OFFICE CONSULTATION/L3	99244	263	OFFICE VISIT, ESTABL	99214		DOPPLER COLOR FLOW	93325	
OFFICE CONSULTATION/L4	99245		OFFICE VISIT, ESTABL	99215		OFFICE VISIT LIMITED	99211	
CONFIRMATORY CONSULT	99273					OFFICE VISIT LIMITED	99211	
24 HR PT EVALUATION/L1	99202		ELECTROCARDIOGRAM	93000	67	24 HOUR HOLTER MONITOR	93224	
24 HR PT EVALUATION/L2	99203		ECG INTER. ONLY	93010		CARDIAC EVENT MONITOR	93268	
24 HR PT EVALUATION/L3	99204		TREADMILL STRESS TEST	93015				

DIAGNOSIS	ICD-9	DIAGNOSIS	ICD-9	DIAGNOSIS	ICD-9
NORMAL ECG	794.31	DIABETES MELLITUS	250.01	PRECORDIAL CHEST PAIN	786.9
ANGINA PECTORIS	413.0	DYSPNEA	786.09	PREMATURE CONT/ATRIAL	427.6
ANEURYSM, ABDOMINAL	441.4	ENDOCARDITIS	421.0	PREMATURE CONT/SUPRAV	427.6
ANEURYSM, THORACIC	441.2	HEART BLOCK	426.6	PULMONARY REGURGI.	424.
ARTIC REGURGITATION	424.1	HEART MURMUR, BENIGN	785.2	RBBB	426.
ARTIC STENOSIS	396.0	HYPERLIPIDEMIA	272.4	RHEU. HEART DISEASE	398.9
ARTIC INSUFFICIENCY	396.1	HYPERTENSION, ESSENTIAL	401.1	RHEU. HEART FAILURE	398.9
ATRIAL FIBRILLATION	427.31	LBBB	426.3	SINUS NODE DYSFUNCTION	427.8
ATRIAL FLUTTER	427.32	LT HEART FAILURE	428.1	SHORTNESS OF BREATH	786.0
ATRIAL SEPTAL DEFECT	745.5	M.I., ACUTE	410.10	SYNCOPE	780.
A.D.	414.01	M.I., ACUTE, INF.	410.40	TACHYCARDIA	785.
CARDIAC PRE-OP	V72.81	M.I., ECG	412	T.I.A.	435.
CARDIAC COMP. POST-OP	997.1	MITRAL INSUF/ RHEUMATIC	394.1	TRICUSPID REGURGITATION	397.
CARDIOMYOPATHY	425.4	MITRAL INSUF/STENOSIS	394.2	VENT. TACHYCARDIA	427.
CARDIOMYOPATHY HYPER.	425.1	MITRAL VALVE REG/INSUF	424.0	VPB's	427.6
CARDIOMYOPATHY (ALC)	425.5	MYOCARDITIS DISEASE	422.0		
C.R. VASCULAR DISEASE	437.1	SCLEROSIS AORTIC	440.0		
C.I.F.	428.0	PALPITATIONS	785.1		
C.I.F. WITH HYPERTENSION	402.91	PAROXYSMAL SUPR. TACH	427.0		
CONDUCTION	443.9	PERICARDITIS ACUTE	420.0		
C.P.D.	496	PERIPHERAL VAS. DISEASE	443.81		
C.A.	436				

① Stress Test
 Ch # 363 @ 2002
 ② Echocardiogram
 A. S. W.

#4
1070

= Routine: If not desired, cross off and initial. **INSTRUCTIONS:** Unless otherwise specified, authorization is given to dispense a generic equivalent if available on the hospital formulary. Unless specified, all therapeutic interchanges prevail as approved by the facility specific Pharmacy and Therapeutics Committee. **USE BLACK BALLPOINT PEN - PRESS FIRMLY**

= Orders with open box must be checked if desired

PHYSICIAN ORDERS

Pre Cardiac Catheterization / Intervention Orders: page 1 of 1
(Keep ALL pages of this order set together; if a full page is not desired, draw a line across the page and sign)

Comorbidities: _____

Height: _____ cm; Weight: _____ kg;

Allergies: No Known Drug Allergies No Known Food Allergies

Allergies: _____ (Reaction): _____

Date/Hour	
	A. Diet: 1. <input checked="" type="checkbox"/> NPO 8 hours pre Catheterization except PO meds with sips of water
	B. Treatment: 1. <input checked="" type="checkbox"/> Vital signs x 1 2. <input checked="" type="checkbox"/> Obtain patient weight 3. <input checked="" type="checkbox"/> Have patient void prior to cath lab procedure 4. <input checked="" type="checkbox"/> Check groin in SDA 5. <input checked="" type="checkbox"/> Prep groin in Cath Lab
	C. IV: 1. <input checked="" type="checkbox"/> Cardiac Cath: Insert 20 gauge IV <input checked="" type="checkbox"/> Interventional: Insert 18 gauge IV 2. <input type="checkbox"/> D5.45 NS at 100cc/hr. prior to cath lab procedure 3. <input type="checkbox"/> 0.45 NS at 100cc/hr prior to cath lab procedure D. Report the Following to Dr. _____ immediately: 1. <input checked="" type="checkbox"/> Temperature > 100.5°F 2. <input checked="" type="checkbox"/> Abnormal Potassium, Platelet, Creatine, or PT 3. <input checked="" type="checkbox"/> Systolic BP < 90mmHg or Diastolic > 110
	E. Labs/Tests (if not done in past 7 days) 1. <input checked="" type="checkbox"/> CBC <input type="checkbox"/> with differential 2. <input checked="" type="checkbox"/> Chem 7 or <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Chloride <input type="checkbox"/> Creatine <input type="checkbox"/> Glucose <input type="checkbox"/> Potassium <input type="checkbox"/> Sodium <input type="checkbox"/> BUN 3. <input checked="" type="checkbox"/> PT/aPTT 4. <input type="checkbox"/> Urinalysis <input type="checkbox"/> with micro 5. <input type="checkbox"/> ECG
	F. Radiology 1. <input checked="" type="checkbox"/> Chest X-ray: PA and Lateral (if not done in past 3 months)
	G. Meds: 1. On call to lab: <input type="checkbox"/> Diazepam 10 mg po <input type="checkbox"/> Diphenhydramine 50 mg po <input type="checkbox"/> Enteric Coated Aspirin 325 mg po 2. <input checked="" type="checkbox"/> Hold Coumadin on _____ date 3. <input checked="" type="checkbox"/> If diabetic hold Glucophage and Insulin

ANP/FNP/PA/CNM/ACNP/CNP/RN Signature: _____ Date/Time: _____
(Any orders with controlled substances require VO or TO from physician)

Physician Signature: Kevin M Rogan MD Date/Time: _____

Printed Physician Name and ID#: _____

PATIENT IDENTIFICATION

Everette Wampler 8/28/1931
LHC/PTCA

INOVA FAIRFAX HOSPITAL
PRE CARDIAC CATHETERIZATION / INTERVENTION
PHYSICIANS ORDERS

Page 1 of 1

ANNANDALE PO
ANNANDALE, Virginia
220039998

07/05/2002 (703)256-2664 04:17:18 PM

Product Description	Qty	Sale Price	Receipt Unit Price	Final Price
PVI	1	\$0.37		\$0.37
ARLINGTON VA 22202				\$0.37
First-Class				

Issue PVI: \$0.37

Total: \$0.74

Paid by: Personal Check \$0.74

Bill #: 1000400801998
Clerk: 03

Refunds only per DMV P014
Thank you for your business
Customer Copy

Everette Lawrence Wampler
Mailing Address:
6708 Bostwick Drive
Springfield, Va. 22151
Ph: 703 256 0258



07-08-2002

U.S. Patent & TMOfo/TM Mail Rcpt Dt. #26

PO TTAB

Date: July 1, 2002

UNITED STATES PATENT AND TRADEMARK OFFICE
Trademark Trial and Appeal Board (TT&AB)
BOX TTAB NO FEE
2900 Crystal Drive
Arlington, Virginia 22202-3513

Subject: Request for delay in the proceedings related to the referenced matter as a result of the procedures noted in the attachments.

Ref: Everette Lawrence Wampler; Applicant Vs Advanced Digital Information Corporation; Opposer

Applicant's Serial No.: 75/408,415

Opposition No. 122, 678

Opposer's filing of May 03, 2002; page 10, Part "C"; page 11, enumerated text (1) through (13) and page 16, line 26-27 part IV. and line 34 part V. of said document: REQUEST, IN THE ALTERNATIVE, FOR EXTNSION OF SCHEDULE and CONCLUSION.

TRADEMARK TRIAL AND APPEAL BOARD
22 JUL 15 AM 12:27

- Attachment:
1. Lab report dated 04/06/02 from quest diagnostics Baltimore (Md.) Blood test results.
 2. Appointment schedule with The Johns Hopkins Surgeon Martha. Zeiger on July 19, 2002.
 3. Cardiovascular appoint results.
 4. PHYSICIAN ORDERS related to heart condition and required clearance for surgery.

Applicant for SCALAR II NETWORK SYSTEMS wishes to respond to Opposer's (Advanced Digital Information Corporation) filing dated May, 3, 2002.

However, unplanned events as described in the attachments prevent me from applying my full attention to the referenced material. Just as soon as possible after the described events are accomplished and I have returned to a stable health status, I will apply my attention to the matter of the references.

I herewith request the Board delay any proceedings until I have completed the procedures required to maintain my health. Upon return of a stable health condition, I shall notify the Board and prepare a rebutal to Opposer document.

I expect to be fully able to complete the rebuttal by the end of October 2002.

Please enter this and the attachments with the filings.

Thank you,

Respectfully,

Everette Lawrence Wampler
Applicant
Copy to: Opposer

Statement of mailing attached.

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