

# 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. **PCT/US07/71238**

International Filing Date **14 JUN 2007 (14.06.07)**

**PCT International Application RO/US**  
Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) **40236-69368**

<b>Box No. I TITLE OF INVENTION</b>	
METHODS OF REMOTELY PRESENTING AND SELLING VISUAL MEDIA TO A PERSON DURING AN ORAL COMMUNICATION SESSION WITH SUCH PERSON	
<b>Box No. II APPLICANT</b> <input 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.)	Telephone No.
CPI CORP. 1706 Washington Avenue St. Louis, Missouri 63103 US	Facsimile No.
	Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" 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.)	Telephone No.
SMITH, Clyde L. Thompson Coburn LLP One US Bank Plaza St. Louis, Missouri 63101 US	314-552-6338
	Facsimile No.
	314-552-7338
	Agent's registration No. with the Office
	46,292
<input type="checkbox"/> <b>Address for correspondence:</b> 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.	

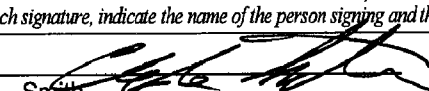
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include 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.)</i></p> <p><b>CATALDO, Renato</b>  <b>1816 Woodmark Road</b>  <b>St. Louis, Missouri 63131</b>  <b>US</b></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <p>Applicant's registration No. with the Office</p>
State <i>(that is, country)</i> of nationality: <b>US</b>	State <i>(that is, country)</i> of residence: <b>US</b>
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input checked="" type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: <i>(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.)</i></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <p>Applicant's registration No. with the Office</p>
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
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State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
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State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: <i>(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.)</i></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <p>Applicant's registration No. with the Office</p>
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>	



**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:	This international application is <b>accompanied</b> by the following item(s) ( <i>mark the applicable check-boxes below and indicate in right column the number of each item</i> ):	Number of items
<p>(a) <b>on paper</b>, the following number of sheets:</p> <p>request (including declaration and supplemental sheets) : 4</p> <p>description (excluding sequence listing and/or tables related thereto) : 7</p> <p>claims : 4</p> <p>abstract : 1</p> <p>drawings : 1</p> <p><b>Sub-total number of sheets</b> : 17</p> <p>sequence listing : _____</p> <p>tables related thereto : _____</p> <p><i>(for both, actual number of sheets if filed on paper, whether or not also filed in electronic form; see (c) below)</i></p> <p><b>Total number of sheets</b> : 17</p> <p>(b) <input type="checkbox"/> <b>only in electronic form</b> (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> <b>also in electronic form</b> (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p><b>Type and number of carriers</b> (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listing: _____</p> <p><input type="checkbox"/> tables related thereto: _____</p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p>	<p>1. <input checked="" type="checkbox"/> fee calculation sheet : _____</p> <p>2. <input type="checkbox"/> original separate power of attorney : _____</p> <p>3. <input type="checkbox"/> original general power of attorney : _____</p> <p>4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: _____ : _____</p> <p>5. <input type="checkbox"/> statement explaining lack of signature : _____</p> <p>6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): _____ : _____</p> <p>7. <input type="checkbox"/> translation of international application into (<i>language</i>): _____ : _____</p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : _____</p> <p>9. <input type="checkbox"/> sequence listing in electronic form (<i>indicate type and number of carriers</i>)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : _____</p> <p>(ii) <input type="checkbox"/> (<i>only where check-box (b)(i) or (c)(i) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : _____</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column : _____</p> <p>10. <input type="checkbox"/> tables in electronic form related to sequence listing (<i>indicate type and number of carriers</i>)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-<i>quater</i>) only (and not as part of the international application) : _____</p> <p>(ii) <input type="checkbox"/> (<i>only where check-box (b)(ii) or (c)(ii) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-<i>quater</i>) : _____</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column : _____</p> <p>11. <input type="checkbox"/> other (<i>specify</i>): _____ : _____</p>	
<p><b>Figure of the drawings</b> which should accompany the abstract: 1</p>	<p><b>Language of filing</b> of the international application: English</p>	

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**  
*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).*

<p>                  Clyde L. Smith                  Thompson Coburn LLP                  One US Bank Plaza                  St. Louis, Missouri 63101                  US</p>	<p><u>June 14, 2007</u></p> <p>14-06-2007</p>
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3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

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