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To the Honorable Assistant Commissioner for Patents: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): Zudan Shi

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Chips and Technologies LLC

Internal Address: _____

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Street Address: 350 E. Plumeria Drive

City: San Jose State: CA ZIP: 95134

Execution Date: January 20, 2000

Additional name(s) & address(es) attached? Yes No

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 _____

A. Patent Application No.(s)		B. Patent No.(s)
<u>09/240,228</u>		

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: D'Alessandro & Ritchie

Internal Address: _____

Street Address: P.O. Box 640640

City: San Jose State: CA ZIP: 95164-0640

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit Account number: 04-0025

(Attach duplicate copy of this page if paying by deposit account)

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Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to:
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