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Additional name(s) of conveying party(ies) attached:	Yes No X	Street Address:				
3. Nature of conveyance: Assignment X Security Agreement Other	Merger Change of Name	City:	State:	Zip:		
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 Application number(s) If this document is bei A. Patent Application No 	ing filed together with a new application, the execution date o .(s) PCT/US97/24211 US 09/582,381	B. Patent No.(s)				
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- 1 -	(PCT	Priority Application)
	RCA	86464
ASSIGNMENT AND AGREEMENT		
I hereby declare that I am the sole inventor (if only one inventor is named below) or one of (if plural inventors are named below) of the inventions relating to	_2	joint inventors
COLOR DIFFERENCE HUE CONTROL SYSTEM and described in RCA Docket No 86464 and the thereupon-based International (Patent Cooperation Treaty) Application	tion for natent ab	out to be filed or

COLOR DIFFERENCE HUE CONTROL SYSTEM and described in RCA Docket No 86464 and the threeupon-based international (Patent Cooperation Treaty) Application for patent about to be filed or lately filed by said corporation naming me/us as inventor(s). For valuable consideration received, I hereby sell, assign and transfer to THOMSON LICENSING S.A., a corporation duly organized and existing under the laws of the country of France, its successors, and assigns my entire right, title and interest, for all countries in and to said inventions and application, and all the rights and privileges under any and all Patents that may be granted therefor, and any divisions, continuations, relasues and extensions thereof. I agree that, when requested, I will, without charge to said corporation but at its expense, sign all papers, take all rightful oaths, make all rightful declarations and do all acts which may be necessary, desirable or convenient for securing and maintaining patents or other forms of protection for said inventions in any and all countries and for vesting title thereto in said corporation, its successors, assigns or nominees. I agree that I will communicate to said corporation or its representatives any facts known to me respecting said inventions and when requested by said corporation and at its expense, to obtain or enforce proper protection for said inventions in any and all countries. I authorize and empower said corporation, its successors, assigns or nominees, to make application for patent or other form of protection for said inventions filed by it or their own name, or in my/our name, in any and all countries and to invoke and claim for any application for patent or other form of protection for said inventions filed by it or their own name, or in my/our name, in any and all countries and to invoke and claim for any application for patent or other form of protection for said inventions filed by it or their own name, or in my/our name, in any and all countries and to invoke and claim for any application for pa

K,	Signed at	INDIANApolis, Indiana	Date	October 17, 2000			
	Inventor (1)	ROBERT DALE ALTMANSHOFER	\subseteq	Cobert Vale altmanshopen (Signature in Full. No initials.)			
		Post Office Address 921 Ashton Place, Carmel, Indiana 46033 US					
/	1st Witness	Elizabeth Ann Jackson		(Signature in Full. No initials.)			
	2ndWitness	(Type or Print)		(Signature in Full. No initials.)			
Σ	Signed at	INDIANAPOLIS, INDIANA	Date	OCTOBER 19,2000			
	Inventor (2)	WILLIAM ADAMSON LAGONI (Type or Print)	- /	(Signature in Fulk_Nerinitials.)			
	Post Office Address 4704 West 81 st Place, Indianapolis, Indiana 46268 US						
	1st Witness	(harise Arbinnette Downs		(Decie Montal Lore of Contact			
X	2ndWitness	Rizabeth Ann Jackson		Elizabeth (Inne Jackson)			
	Signed at		Date				
	inventor (3)	(Type or Print)		(Signature in Full. No initials.)			
		Post Office Address					
	1st Witness	(Type or Print)		(Signature in Full. No initials.)			
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