

## RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

**PATENTS ONLY** 

Tau botti	
To the Honorable Commissioner of Patents and Trademarks:	Please record the attached original documents or cc py thereof.
Name of conveying party(ies):	Name and address of receiving party(ies)
Ronald Emerson Ellenberger	Name: AMKOR TECHNOLOGY, INC.
Frank Joseph Juskey Ronald James Schoonejongen	Internal Address:
7.5.02	menal/haress.
Additional name(s) of conveying party(ies) attached? 📮 Yes 🎑 No	
3 Nature of conveyance:	
Assignment 🖳 Merger	1000 Ca 11 Date Date
Security Agreement Change of Name	Street Address 1900 South Price Road
Other CORRECTIVE TO CORRECT ASSIGNEE PREVIOUSLY RECORDED AT REAL/FRAME 012797/0375	City: Chandler State: AZ Zip: 85248-
Execution Date: July 17, June 4 & June 12, 01	Additional name(s) & address(es) attached? The Yes No
4. Application number(s) or patent number(s):	
If this document is being filed together with a new applic	eation, the execution date of the application is: 06-18-01
A. Patent Application No.(s)	B. Patent No.(s)
Additional numbers att	rched? ☐ Yes ☐ No
5 Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved:
	7. Total fee (37 CFR 3.41)\$ 40.00 7
Internal Address:	Enclosed (previously paid)
Internal Address.	Authorized to be charged to depotist account
Street Address: 4204 North Brown Avenue	8. Deposit account number:
Street Address. 4204 Not en 2204 2204	23-0830
City: <u>Scottsdale</u> State: <u>Arizona</u> Zip: <u>85251-391</u> 4	(Attach duplicate copy of this page if paying by deposit account)
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To the best of my knowledge and belief, the foregoing in is a true copy of the original document.	
Jeffrey D. Moy	My 6127102
Name of Person Signing	Signature
Total number of pages including cove	r sheet, attachments, and documents: L

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FORM PTO-1 Expires 06/30/99 OMB 0651-0027		. Department of Commerce ent and Trademark Office PATENT
TO The Comme	PATENTS ONLY	
TO: The Comm Submission		s) or copy(ies).
X New	Type Conveyance Type  X Assignment Security Agreement	t.
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		ecret File
Conveying P	$\mathbb{X}$ Mark if additional names of conveying parties atta	- ACCOUNT THEE
Name (line 1)	Ellenberger, Ronald Emerson	Month Day Year 07 17 2001
Name (line 2)		
Second Party		Execution Date Month Day Year
Name (line 1)	Juskey, Frank Joseph	07 17 2001
- 1	Juskey, Frank Joseph	
Name (line 1)		07 17 2001
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Name (line 1)  Name (line 2)  Receiving P	arty Mark if additional names of receiv	ing parties attached  If document to be recorded is an assignment and the
Name (line 1)  Name (line 2)  Receiving P  Name (line 1)  Name (line 2)	arty Mark if additional names of receiv	ing parties attached  If document to be recorded is an assignment and the receivirg party is not domiciled in the United States, an appointment
Name (line 1)  Name (line 2)  Receiving P  Name (line 1)  Name (line 2)  Address (line 1)	AMKOR TECHNOLOGY	ing parties attached  If document to be recorded is an assignment and the receivir g party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a
Name (line 1)  Name (line 2)  Receiving P  Name (line 1)  Name (line 2)  Address (line 1)	AMKOR TECHNOLOGY	ing parties attached  If document to be recorded is an assignment and the receivir g party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from
Name (line 1)  Name (line 2)  Receiving P  Name (line 1)  Name (line 2)  Address (line 1)  Address (line 2)  Address (line 3)	AMKOR TECHNOLOGY  1900 South Price Road  Chandler Arizona USA 85248	ing parties attached  If document to be recorded is an assignment and the receivir g party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)
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Mail documents to be recorded with required cover sheet(s) information to:

Main documents to be recorded with required cover sheet(s) information to:

Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

PATENT

FORM PTO-16 Expires 06/30/99 OMB 0651-0027	19B <b>P</b>	age 2	U.S. Department of Commerce Patent and Trademark Office PATENT
Corresponden	Name and Address Area Code	e and Telephone Number (480	994-8888
Name	WEISS & MOY, P.C.		
Address (line 1)	4204 North Brown Avenue		
Address (line 2)	Scottsdale, AZ 85251-3914		
Address (line 3)			
Address (line 4)			
•	nter the total number of pages of the an	ttached conveyance document	# 4
Enter either the F Paten 09/884,357  If this document is b signed by the first n  Patent Coopel Enter I only if	Enter the total number of	Patent Num  Patent	Month Day Year  PCT  PCT
Fee Amount  Method of Deposit A  (Enter for pa	Payment: Enclosed X	Deposit Account Deposit Account Deposit Number: # 23	-0830
	Authorization	n to charge additional fees: Yes	X No
attached indicate Jeffr	est of my knowledge and belief, the for a copy is a true copy of the original door the desire.  By D. Moy of Person Signing	regoing information is true and comment. Charges to deposit accommendation is true and comment.	correct and any count are authorized, as $07 - 18 - 2001$ Date

PATENT REEL: 013054 FRAME: 0892 FORM PTO-1619C Expires 06/30/99 OMB 0651-0027

## RECORDATION FORM COVER SHEET CONTINUATION PATENTS ONLY

U.S. Department of Commerce Patent and Trademark Office PATENT

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Receiving Part	(ies) Mark if additional names of receiving parti	es attached
Enter additional Red		
Name (line 1)		If document to be recorded is an assignment and the
Name (line 2)		receiving party is not domiciled in the United
		States, an appointment of a domestic representative
Address (line 1)		is attached. (Designation must be a separate document from
Address (line 2)		Assignment)
Address (line 3)	City State/Country Zip Co	de
Name (line 1)		If document to be recorded is an assignment and the receiving party is not
Name (line 2)		domiciled in the United States, an appointment of a domestic representative is
Address (line 1)		attached. (Designation must be a separate document from Assignment.)
Address (line 2)		
Address (line 3)	City State/Country Zip	Code
Application Nu	mber(s) or Patent Number(s)  Mark if additional numbers attached Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the	same property).
	ent Application Number(s)	iber(s)

PATENT REEL: 013054 FRAME: 0893

Attorney Docket No.: W2K1033

## **ASSIGNMENT**

Ron Ellenberger	of	San Jose, CA
Frank Joseph Juskey	of	Phoenix, AZ
Ronald James Schoonejongen	of	Chandler, AZ

hereby sell, assign and transfer to Amkor Technology, Inc., a Delaware corporation, having a place of business at 1900 S. Price Road, Chandler, AZ 85248-1604 its successors and assigns, the entire right, title and interest throughout the world is our invention in:

## "METHOD AND APPARATUS FOR ATTACHING MULTIPLE METAL COMPONENTS TO INTEGRATED CIRCUIT MODULES"

for which we have executed a United States patent application on or about the date of this assignment, and all patent applications and patents of every country for said invention, including divisions, reissues, continuations and extensions thereof, and all rights of priority resulting from the filing of said applications; we authorize the abovenamed assignee to apply for patents of foreign countries for said invention, and to claim all rights of priority without further authorization from us; we agree to execute all papers useful in connection with said United States and foreign applications, and generally to do everything possible to aid said assignee, their successors, assigns and nominees, at their request and expense, in obtaining and enforcing patents for said invention in all countries; and we request that the United States Patent and Trademark Office issue all patents granted for said invention to the abovenamed assignee, it successors and assigns.

Executed this 17 day of The 2001

State of Arizona)

)ss.

County of Maricopa)

On 7/17/0 | before me, Sharon L. Hosford personally appeared Ron Ellenberger personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she /they executed the same in his/her/their authorized capacity(ies), and that be his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SHARON L. HOSFORD

NOTATY Public - State of Artzona

MARICUPA COUNTY

My Contin. Expires Marich 31, 2004

WITNESS my hand and official seal.

SIGNATURE OF NOTARY

PATENT REEL: 013054 FRAME: 0894

Executed this 4 day of Jeme, 2001.	
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Fart weeps July	
Franch ARDA L. HOSPORD	
State of Arizona )  Notary Public - State of Arizona   MARICOPA COUNTY   MARICOPA COUNTY   Maricopa   Maricopa	
County of Maricopa )	
On before me, Sharon L. Hosford personally appeared Frank Juskey personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)	
is(are) subscribed to the within instrument and acknowledged to me that he/she /they executed the same in	
his/her/their authorized capacity(ies), and that be his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	
WITNESS my hand and official seal.	
Sharonf Hosford	
SIGNATURE OF NOTARY	
Executed this 12 day of June, 2001.	
Executed this 12 day of June 2001.	
Clark Steller	
Rónald Jonnes Branciong an SHAROW L. HOSFORD	
State of Arizona ) Notary Public - State of Arizona MARICOPA COUNTY	
Ounty of Maricopa )	
On	en
is(are) subscribed to the within instrument and acknowledged to me that he/she /they executed the same in	
his/her/their authorized capacity(ies), and that be his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	
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**PATENT** 

**REEL: 013054 FRAME: 0895** 

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Executed this 18 day of _	JUNE 2001.
Decined ditts	Cul-12
	Inventor name
1	SHARON L. HOSFORD Notary Public - State of Artona
State of Avizona ) ss.  County of Maricopa	MARIGOPA COUNTY My Contrn. Expires March 31, 2004
County of Maricopa	before me, Shann L. Hosford
personally appeared 5 a Ki	nersonally
Known to me or proved to	within instrument and acknowledged to me that ne/sne/incy
executed the same in his/her/thei	ir authorized capacity(ios), and that by his/her/their ie person(s), or the entity upon behalf of which the person(s)
signature(s) on the instrument in acted, executed the instrument.	person(o), or v

WITNESS my hand and official seal.