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3. Nature of conveyance:

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Execution Date: February 21, 2002

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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: February 21, 2002

A. Patent Application No.(s):

10433165

Additional numbers attached?

B. Patent No.(s) ---

X No

5. Name and address of party to whom correspondence
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Name: JOSEPH S. TRIPOLI

Internal Address: THOMSON multimedia Licensing Inc.
PATENT OPERATIONS

Street Address: P. O. BOX 5312

City: PRINCETON State: NEW JERSEY Zip :08543-5312

6. Total number of applications and patents involved: 1

7. Total Fee (37 CFR 3.41): \$40.00

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ASSIGNMENT AND AGREEMENT

I hereby declare that I am the sole inventor (if only one inventor is named below) or one of _____ joint inventors
(if plural inventors are named below) of the inventions relating to **DRIVE CIRCUIT FOR LIQUID CRYSTAL DISPLAYS AND METHOD THEREFOR**

and described in Docket No. PU010217 and the thereupon-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 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, reissues and extensions thereof.

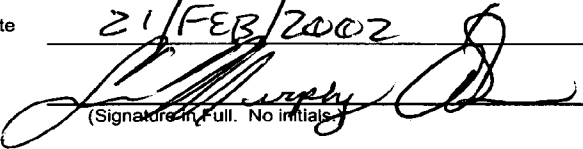
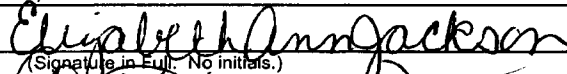

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Signed at	<u>Indianapolis, Indiana USA</u>	Date	<u>21/FEB/2002</u>
Inventor (1)	<u>EUGENE MURPHY O'DONNELL</u> (Type or Print)	 (Signature in Full. No initials.)	
Post Office Address	<u>7594 Timber Springs Drive, Fishers, Indiana 46038 USA</u>		
1st Witness	<u>Elizabeth Ann Jackson</u> (Type or Print)	 (Signature in Full. No initials.)	
2nd Witness	<u>Charles Antuanette Downs</u> (Type or Print)	 (Signature in Full. No initials.)	
Signed at	_____	Date	_____
Inventor (2)	_____ (Type or Print)	_____ (Signature in Full. No initials.)	
Post Office Address	_____		
1st Witness	_____ (Type or Print)	_____ (Signature in Full. No initials.)	
2nd Witness	_____ (Type or Print)	_____ (Signature in Full. No initials.)	
Signed at	_____	Date	_____
Inventor (3)	_____ (Type or Print)	_____ (Signature in Full. No initials.)	
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