

03-29-2004

SHEET

3-23-04



To the Honorable Commissioner for I

102706681

document(s) or copy(ies) thereof.

## 1. Name of Conveying Party(ies):

1. GABOR C. TEMES; 7100 NW GRANDVIEW DRIVE, CORVALLIS, OR 97330-2708
2. JANOS MARKUS; TATRA TER B/1 1. LH. FSZ. 1.; H-1204 BUDAPEST; HUNGARY
3. JOSE SILVA; 660 NW 18TH STREET, CORVALLIS, OR 97330-5779

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

## 2. Name and Address of Party(ies) receiving an interest (assignee(s)):

Name: MICROCHIP TECHNOLOGY INCORPORATED  
 Address: 2355 WEST CHANDLER BLVD.  
 CHANDLER, AZ 85224-6199  
 Country: USA

Additional name(s) and address(es) attached? ☐ Yes ☒ No

## 3. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date(s) of the application is:

March 8, 2004; March 22, 2004

A. Patent Application No(s):

101806598

B. Patent No(s):

Others on additional sheet(s) attached? ☐ Yes ☒ No

## 4. Nature of Conveyance:

☒ ASSIGNMENT

Merger

Change of Name:

Verified Translation

Security Agreement

Other: \_\_\_\_\_

Execution Date(s):

MARCH 8, 2004; MARCH 22, 2004

## 5. Name and address of party to whom correspondence concerning document should be mailed:

PAUL N. KATZ  
 BAKER BOTTS L.L.P. (023640)  
 ONE SHELL PLAZA  
 910 LOUISIANA STREET  
 HOUSTON, TEXAS 77002-4995  
 713.229.1343 (TELEPHONE)  
 713.229.7743 (FACSIMILE)  
 PAUL.KATZ@BAKERBOTTS.COM

## 6. Total number of applications and patents involved:

Application(s): 1

+ Patent(s):

= Total: 1

## 7. Total Fee (37 C.F.R. § 3.41) . . . . \$40.00

CHECK #882086 IN THE AMOUNT OF \$40 IS ENCLOSED.

## 8. Authorized to be charged to Deposit Account NO

## 9. Deposit Account No.: 02-0383

(Duplicate copy of this sheet attached)

Charge any underpayment or credit any overpayment to above Deposit Account, order no. 068354.1173.

DO NOT USE THIS SPACE

## 10. Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

PAUL N. KATZ (REG. NO. 35,917)

Name of Person Signing

Signature

March 23, 2004

Date

Total number of pages including cover sheet, attachments, and document: 6 PAGES\*, AND 1 CHECK

(\*INCLUDES DUPLICATE COVER PAGE FOR FEE PROCESSING)

03/25/2004 DBYRNE 00000069 10806598

FD:021

40.00 DP

023640

PATENT

# ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/we, the below signed inventor(s) of record, hereby assigns to:

**MICROCHIP TECHNOLOGY INC.**  
**2355 WEST CHANDLER BLVD.**  
**CHANDLER, AZ 85224-6199**

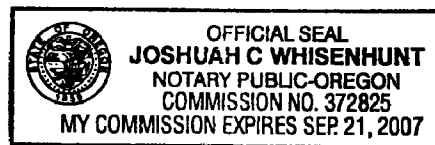
and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are the subject of an application for United States Patent signed by me this day, entitled:

## "SWITCHED CAPACITOR SIGNAL SCALING CIRCUIT"

this assignment including said application, any and all United States and foreign patents, utility models, design registrations, inventor's certificates and other similar rights granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name, or in its own name, for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and I agree for myself and my heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS THEREOF, I hereby set my hand, date of signature and place of signature as indicated below.

Full Name of First or Sole Inventor: **GABOR C. TEMES**  
 Residence: **7100 NW GRANDVIEW DRIVE**  
**CORVALLIS, OR 97330-2708**  
**BENTON COUNTY**  
 Citizenship: **U.S.A.**  
 Post Office Address: **7100 NW GRANDVIEW DRIVE**  
**CORVALLIS, OR 97330-2708**  
**BENTON COUNTY**



Gabor C. Temes  
 Signature of Sole or First Inventor

March 8, 2004  
 Date of Signature

In the State of Oregon §  
 §  
 In the County of Benton §

Before me, the undersigned authority, on this 8<sup>TH</sup> day of March, 2004 personally appeared **GABOR C. TEMES**, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

Joshua C. Whisenhunt  
 Notary or Consular Officer

IN WITNESS THEREOF, I hereby set my hand, date of signature and place of signature as indicated below.

Full Name of Second Inventor: **JANOS MARKUS**  
Residence: **TATRA TER B/1 1. LH. FSZ. 1.  
H-1204 BUDAPEST  
HUNGARY  
BUDAPEST COUNTY**  
Citizenship: **HUNGARIAN**  
Post Office Address: **TATRA TER B/1 1. LH. FSZ. 1.  
H-1204 BUDAPEST  
HUNGARY  
BUDAPEST COUNTY**

Signature of Second Inventor

Date of Signature

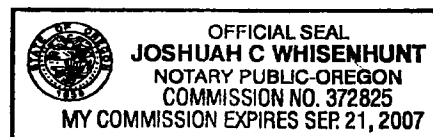
In the State of \_\_\_\_\_ §  
§  
In the County of \_\_\_\_\_ §

Before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 2004 personally appeared **JANOS MARKUS**, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

Notary or Consular Official

IN WITNESS THEREOF, I hereby set my hand, date of signature and place of signature as indicated below.

Full Name of Third Inventor: **JOSE SILVA**  
Residence: **660 NW 18TH STREET  
CORVALLIS, OR 97330-5779  
BENTON COUNTY**  
Citizenship: **PORTUGUESE**  
Post Office Address: **660 NW 18TH STREET  
CORVALLIS, OR 97330-5779  
BENTON COUNTY**



Jose Barrero da Silva  
Signature of Third Inventor

3/8/2004  
Date of Signature

In the State of Oregon §  
§  
In the County of Benton §

Before me, the undersigned authority, on this 8<sup>th</sup> day of March, 2004 personally appeared **JOSE SILVA**, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

Notary or Consular Official

068354.1173 / MTI-1880.US.0

## ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/we, the below signed inventor(s) of record, hereby assigns to:

**MICROCHIP TECHNOLOGY INC.**  
2355 WEST CHANDLER BLVD.  
CHANDLER, AZ 85224-6199

and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are the subject of an application for United States Patent signed by me this day, entitled:

**"SWITCHED CAPACITOR SIGNAL SCALING CIRCUIT"**

this assignment including said application, any and all United States and foreign patents, utility models, design registrations, inventor's certificates and other similar rights granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name, or in its own name, for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and I agree for myself and my heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS THEREOF, I hereby set my hand, date of signature and place of signature as indicated below.

Full Name of First or Sole Inventor: **GABOR C. TEMES**  
Residence: **7100 NW GRANDVIEW DRIVE  
CORVALLIS, OR 97330-2708  
BENTON COUNTY**  
Citizenship: **U.S.A.**  
Post Office Address: **7100 NW GRANDVIEW DRIVE  
CORVALLIS, OR 97330-2708  
BENTON COUNTY**

\_\_\_\_\_  
Signature of Sole or First Inventor

\_\_\_\_\_  
Date of Signature

In the State of \_\_\_\_\_ §

§

In the County of \_\_\_\_\_ §

Before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 2004 personally appeared **GABOR C. TEMES**, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

\_\_\_\_\_  
Notary or Consular Officer

068354.1173 / MTI-1880.US.0

IN WITNESS THEREOF, I hereby set my hand, date of signature and place of signature as indicated below.

Full Name of Second Inventor: JANOS MARKUS

Residence: TATRA TER B/1 1. LH. FSZ. 1.  
H-1204 BUDAPEST  
HUNGARY  
BUDAPEST COUNTY

Citizenship: HUNGARIAN

Post Office Address: TATRA TER B/1 1. LH. FSZ. 1.  
H-1204 BUDAPEST  
HUNGARY  
BUDAPEST COUNTY

Signature of Second Inventor

Date of Signature

In the State of HUNGARY §  
In the County of BUDAPEST §

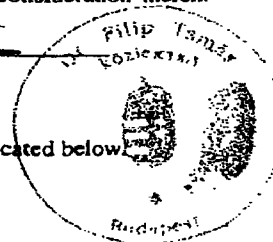
22 March 2004  
Case No: 458/2004.  
English language licence No: 35.167/1999. 19.11.



Dr. Filip Tamás  
budapesti közjegyző  
1215 Budapest, Árpád u. 2  
1751 Bp., Pf.: 130  
Telefon: 427-01-80  
41414833-1-43

Before me, the undersigned authority, on this 22 day of March, 2004 personally appeared JANOS MARKUS, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

Notary or Consular Official



IN WITNESS THEREOF, I hereby set my hand, date of signature and place of signature as indicated below.

Full Name of Third Inventor: JOSE SILVA

Residence: 660 NW 18TH STREET  
CORVALLIS, OR 97330-5779  
BENTON COUNTY

Citizenship: PORTUGUESE

Post Office Address: 660 NW 18TH STREET  
CORVALLIS, OR 97330-5779  
BENTON COUNTY

Signature of Third Inventor

Date of Signature

In the State of \_\_\_\_\_ §  
In the County of \_\_\_\_\_ §

Before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 2004 personally appeared JOSE SILVA, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

Notary or Consular Official

HOU02:942339

Page 2 of 2

Assignment