

08-02-2004

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A. Patent Application No.(s) 10/873,335		B. Patent No.(s)	
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5. Name and address of party to whom correspondence concerning document should be mailed: 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	
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PATENT
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ASSIGNMENT AND AGREEMENT IN AN APPLICATION FOR LETTERS PATENT OF THE UNITED STATES OF AMERICA

I hereby declare that I am the sole inventor (if only one inventor is named below) or one of 2 joint inventors (if plural inventors are named below) of the inventions relating to METHODS TO IMPROVE INSULATOR PERFORMANCE FOR CATHODE-RAY TUBE (CRT) APPLICATIONS

described in an application for Letters Patent of the United States of America filed on Dec. 20, 2000 under Serial No. 09/741,537 or, if not identified here by filing date and serial number, executed by me on even date with my execution of this

Assignment/Agreement.

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 all the rights and privileges under any and all Letters Patent that may be granted therefor, and any divisions, continuations, reissues 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 will testify in any legal proceedings, and generally do everything possible to aid said corporation, its successors, assigns and legal representatives or nominees, 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 in its 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 them, the benefit of the right of priority provided by the international Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it, and to invoke and claim such right of priority without further written or oral authorization from me.

I hereby consent that a copy of this assignment shall be deemed a full legal and formal equivalent of any assignment, consent to file or like document which may be required in any country for any purpose and more particularly in proof of the right of the said corporation or its successors, assigns or nominees to apply for patent or other proper protection for said inventions, and to claim the aforesaid benefits of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it.

I covenant with THOMSON LICENSING, S.A., its successors, assigns, legal representatives, and nominees, that to the best of my knowledge the right, title and interest herein conveyed by me are free and clear of any encumbrance, and that I have full right to convey the same as herein expressed.

Form with fields for Inventor (1) Attiganal Narayanaswamy Sreeram, Inventor (2) Leszek Hozer, and witnesses BENSOL ARZADON and SANYOGITA ARDRA. Includes dates and signatures.

After this Assignment has been recorded please RETURN to:

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