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Execution Date(s) July 18, 2005	5-			
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Security Agreement Change of Name	City: Boise			
Joint Research Agreement	State: Idaho			
Government Interest Assignment				
Executive Order 9424, Confirmatory License	Country: U.S.A. Zip: 83707-0006			
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4. Application or patent number(s):	document is being filed together with a new application.			
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	7. Total fee (37 CFR 1.21(h) & 3.41) \$40			
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One Oxford Centre, 14th Floor, 301 Grant Street	None required (government interest not affecting title)			
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State: PA Zip:15219	a. Credit Card Last 4 Numbers Expiration Date			
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Inventor(s) or person(s) or	Huy Vo_
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	Charles Ingalls
	(type or print name(s) of ASSIGNOR(S))
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			Nationality	
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and in all foreign countries, including all rights to claim priority, in and to any and all improvements which are disclosed in the invention entitled:				
HIGH SPEE	D ARRA	Y PIPELINE ARCHITECTUR	RE	
Name of in	ventor(s	s) Huy Vo and Charles In	galls	
			-1-1-01-01-01-01-01-01-01-01-01-01-01-01	
		(check and complete (	(a), (b), (c), (d), (e), (f) or (g))	
and which i	s found			
(a)	X	• • •	executed on even date herewith	
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		To comply with 37 CFR 3	3.21 for recordal of this assignment, I, and ow, hereby authorize and request my attorney to	
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70 Lu	IN W	ITNES 2005 Signing	S WHE	REOF, I/We have	hereunto set hand and seal this \ 8+\_ day of
	WARI	NING:	The date	e of signing must be th	e same as the date of execution of the application, if item (a)
Data	<u> </u>		was che	ckod abovo	
Date:	/ (	18/0		ched above.	Signature of ASSIGNOR(S)
Date:	71	18/0 -18-0		ched above.	Signature of ASSIGNOR(S)  Churles L Payelle
Date: Date:	7	18/0 -18-1		cred above.	
	7	(18/0 -18-0		cred above.	
Date:	7(		5		
Date:	71		5		Charles L Jagalle
Date:	7		5		Churle L figs local complete the following information)  (type or print the name of the above person
Date:	No wit	(if AS	SSIGNO	OR is a legal entity	Churles L Jags Ok.  The complete the following information)  (type or print the name of the above person authorized to sign on behalf of ASSIGNOR)

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And place of signing o	f assignment	<u>8000</u> 5.	Federa Id 8	al Way
		be the person(s)	who 🏻 is 🖼 a	5, personally appeared the are described in, and who nat his
□ she	executed the	ne same of		her
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own free will for the pu	rpose therein express	sed.	,	
THC		Notary Public or	hima Consular Of	ficer of the
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**RECORDED: 07/21/2005** 

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