

FORM PTO-1595

Docket No.: PF 000083

CUSTOMER NO.: 24498  
07/2005

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

RECORDATION FORM COVER SHEET  
PATENTS ONLY

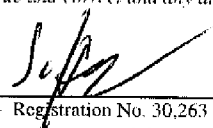
To the Honorable Director of the United States Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): <b>Thomson Licensing S.A.</b>		2. Name and address of receiving party(ies): Name: <b>THOMSON LICENSING</b> Internal Address:  Street: <b>46 Quai A. Le Gallo</b> <b>F-92100 Boulogne-Billancourt, France</b>	
Additional name(s) of conveying party(ies) attached: <span style="float:right">X No</span>		Additional name(s) & address(es) attached? <span style="float:right">X No</span>	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <span style="float:right">Merger</span> <input type="checkbox"/> Security Agreement <span style="float:right">Change of Name</span> <input type="checkbox"/> Other _____			
Execution Date: _____			
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: A. Patent Application No.(s): 10/362,482 B. Patent No.(s) _____			
Additional numbers attached? <span style="float:right">Yes No X</span>			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <b>JOSEPH S. TRIPOLI</b> Internal Address: <b>PATENT OPERATIONS</b> <b>THOMSON LICENSING INC.</b>  Street Address: <b>P. O. Box 5312</b>  City: <b>PRINCETON</b> State: <b>NEW JERSEY</b> Zip: <b>08543-5312</b>		6. Total number of applications and patents involved: _____  7. Total Fee (37 CFR 3.41): <b>\$40.00</b> _____ Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account	
		8. Deposit account number: <b>07-0832</b>	

DO NOT USE THIS SPACE

9. 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.*

**Sammy S. Henig**  
Name of Person Signing

  
Signature - Registration No. 30,263

**MAY 2 / 06**  
Date

Total number of pages including cover sheet, attachments, and document 2

DO NOT DETACH THIS PORTION

Mail documents to be recorded with this sheet to:

Mail Stop Assignment Recordation Services  
 Director of the United States Patent and Trademark Office  
 P. O. Box 1450  
 Alexandria, Virginia 22313-1450

Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project (0651-0011), Washington, D.C. 20503.

CH \$40.00 070832 10362482

