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	A. Patent Application No.(s)	document is being filed together with a new application. B. Patent No.(s)	
	A. Laterit Application No.(3)	Not assigned yet.	
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ън 1	40.00 80	l tached? ☐ Yes ✔ No	
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Date	(print name here)		-
06 JUL 2004	(sign name here)	Jia Qunli	, Assignor
Date	(print name here)	Jia Qunli	
0.6 1111 2004	(sign name here)	30	Assignor

Sunli

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For good and valuable consideration, of which I acknowledge receipt, I, as a below-named assignor, sell and assign

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Form PTO-1595 (Rev. 07/05) OMB No. 0651-0027 (exp. 6/30/2008) RECORDATION FORM COVER SHEET Docket # CN 030014 PATENTS ONLY To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below. 1. Name of conveying party(ies) 2. Name and address of receiving party(ies) Xuejen ZHANG Name: KONINKLIJKE PHILIPS ELECTRONICS, N.V. Qunli JIA Li SUN Internal Address: __ Additional name(s) of conveying party(ies) attached? 🔲 Yes 🗹 No 3. Nature of conveyance/Execution Date(s): Street Address: GROENENWOUDSEWEG 1 Execution Date(s) 7/6/04; 7/6/04; 7/6/04. ✓ Assignment Merger City: EINDHOVEN Security Agreement ☐ Change of Name ___ Joint Research Agreement State: Government Interest Assignment Country: THE NETHERLANDS Zip: 5621 BA Executive Order 9424, Confirmatory License Other Additional name(s) & address(es) attached? ☐ Yes ✓ No 4. Application or patent number(s): This document is being filed together with a new application. A. Patent Application No.(s) B. Patent No.(s) Not assigned yet. Additional numbers attached? Yes ✓ No 5. Name and address to whom correspondence 6. Total number of applications and patents concerning document should be mailed: involved: 1 Name: PHILIPS ELECTRONICS NORTH AMERICA CORP. 7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00 Internal Address: P.O. BOX 3001 Authorized to be charged by credit card ✓ Authorized to be charged to deposit account Enclosed Street Address: 345 SCARBOROUGH ROAD None required (government interest not affecting title) 8. Payment Information City: BRIARCLIFF MANOR a. Credit Card Last 4 Numbers ____ State: NY Zip: 10510-8001 Expiration Date Phone Number: (914) 945-6000 b. Deposit Account Number 14-1270 Fax Number: (914) 332-0615 Authorized User Name Email Address: 9. Signature: (ves. 50,145)

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