

11-28-2006



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documents or copy thereof.

To the Honorable Director of the United States Patent and

1. Name of conveying party(ies):

Harold Gene Roberts

Clint Alan Ecoff

Additional name(s) of
conveying party(ies)
attached:

X No

2. Name and address of receiving party(ies):

Name: THOMSON LICENSING S.A.

Street Address: 46 Quai A. Le Gallo
F-92100 Boulogne-Billancourt, France

3. Nature of convenience:

X Assignment

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Execution Date: May 20, 2005 and May 23, 2005, respectively

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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): PCT/US2005/017706

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Yes

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5. Name and address of party to whom correspondence

concerning document should be mailed:

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THOMSON LICENSING INC.

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City: PRINCETON State: NEW JERSEY Zip: 08543-5312

6. Total number of applications and patents involved: 1

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I hereby declare that I am the sole inventor (if only one inventor is named below) or one of 2 TWO joint inventors
(if plural inventors are named below) of the inventions relating to SUPPORT MULTIPLE DISEQC MASTER DEVICES IN A VIDEO DISTRIBUTION SYSTEM

and described in Docket No. PU040159 and the thereupon-based International (Patent Cooperation Treaty) Application for patent about to be filed or lately filed by said corporation naming me/us as inventor(s).

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Signed at	<u>INDIANAPOLIS, INDIANA USA</u>	Date	<u>May 20, 2005</u>
Inventor (1)	<u>HAROLD GENE ROBERTS</u> (Type or Print)		<u>Harold Gene Roberts</u> (Signature in Full. No initials.)
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1st Witness	<u>Jaqueline Buford</u> (Type or Print)		<u>5/23/05 Jaqueline Buford</u> (Signature in Full. No initials.)
2nd Witness	<u>April Lilly-Ervin</u> (Type or Print)		<u>April Lilly-Ervin</u> (Signature in Full. No initials.)
Signed at	<u>INDIANAPOLIS INDIANA USA</u>	Date	<u>5/23/05</u>
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2nd Witness	<u>April Lilly-Ervin</u> (Type or Print)		<u>April Lilly-Ervin</u> (Signature in Full. No initials.)
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