

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	Statement of Information
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
Linear LLC	03/20/2006
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	Linear LLC
<b>Street Address:</b>	1950 Camino Vida Roble
<b>Internal Address:</b>	Suite 150
<b>City:</b>	Carlsbad
<b>State/Country:</b>	CALIFORNIA
<b>Postal Code:</b>	92008
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Patent Number:	D389122
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(310)785-4601
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
<b>Phone:</b>	3107854740
<b>Email:</b>	tmschmelzer@hhlaw.com
<b>Correspondent Name:</b>	Troy M. Schmelzer
<b>Address Line 1:</b>	1999 Avenue of the Stars
<b>Address Line 2:</b>	Suite 1400
<b>Address Line 4:</b>	Los Angeles, CALIFORNIA 90067
<b>ATTORNEY DOCKET NUMBER:</b>	88473.0011
<b>NAME OF SUBMITTER:</b>	Troy M. Schmelzer
<b>Total Attachments: 2</b> source=884730011rec#page1.tif source=884730011rec#page2.tif	

CH \$40.00 D389122

**PATENT**

**500261839**

**REEL: 019181 FRAME: 0494**



**State of California**  
**Secretary of State**

**STATEMENT OF INFORMATION**  
**(Limited Liability Company)**

Filing Fee \$20.00. If amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

LINEAR LLC

This Space For Filing Use Only

**DUE DATE:**

**FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER  
200336310019

3. STATE OR PLACE OF ORGANIZATION  
California

**COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)**

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE
1950 Camino Vida Roble	Carlsbad, CA	92008

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)	CITY	STATE	ZIP CODE
1950 Camino Vida Roble	Carlsbad	CA	92008

**NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY**

6. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Grant D. Rummell	1950 Camino Vida Roble	Carlsbad, CA	92008

**NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)**

7. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Nortek, Inc.	50 Kennedy Plaza	Providence, RI	02903

8. NAME	ADDRESS	CITY AND STATE	ZIP CODE

9. NAME	ADDRESS	CITY AND STATE	ZIP CODE

**AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1605 and Item 11 must be left blank.)**

10. NAME OF AGENT FOR SERVICE OF PROCESS  
Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
		CA	

**TYPE OF BUSINESS**

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY  
Security products, entry systems, ChannelPlus video products and OpenHouse structured wiring

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Andrew W. Prete

Asst. Secretary

3-26-06

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE

LLC-12 (REV 05/2005)

APPROVED BY SECRETARY OF STATE