

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Statement of Information
CONVEYING PARTY DATA	
Name	Execution Date
Linear LLC	03/20/2006
RECEIVING PARTY DATA	
Name:	Linear LLC
Street Address:	1950 Camino Vida Roble
Internal Address:	Suite 150
City:	Carlsbad
State/Country:	CALIFORNIA
Postal Code:	92008
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	6177963
CORRESPONDENCE DATA	
Fax Number:	(310)785-4601
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	3107854740
Email:	tmschmelzer@hhlaw.com
Correspondent Name:	Troy M. Schmelzer
Address Line 1:	1999 Avenue of the Stars
Address Line 2:	Suite 1400
Address Line 4:	Los Angeles, CALIFORNIA 90067
ATTORNEY DOCKET NUMBER:	88473.0010
NAME OF SUBMITTER:	Troy M. Schmelzer
Total Attachments: 2 source=884730010rec#page1.tif source=884730010rec#page2.tif	

CH \$40.00 6177963

PATENT

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REEL: 019181 FRAME: 0496



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

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

Asst. Secretary

TITLE

DATE

3-28-06

LLC-12 (REV 06/2005)

APPROVED BY SECRETARY OF STATE

PATENT

RECORDED: 04/19/2007

REEL: 019181 FRAME: 0497