

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the conveying party data and recieveing party data previously recorded on Reel 021679 Frame 0023. Assignor(s) hereby confirms the merger of Clarity Visual Systems, Inc. with the surviving entity Cornell Acquisition Corporation.
CONVEYING PARTY DATA	
Name	Execution Date
Clarity Visual Systems, Inc.	09/12/2006
RECEIVING PARTY DATA	
Name:	Cornell Acquisition Corporation
Street Address:	1195 NW Compton Drive
City:	Beaverton
State/Country:	OREGON
Postal Code:	97006
PROPERTY NUMBERS Total: 15	
Property Type	Number
Patent Number:	6043797
Patent Number:	6388648
Patent Number:	5838865
Patent Number:	6028701
Patent Number:	6273570
Patent Number:	6519085
Patent Number:	6924849
Patent Number:	6594078
Patent Number:	D533598
Patent Number:	D536380
Patent Number:	7136906
Patent Number:	7228341
Application Number:	11588064

OP \$600.00 6043797

Application Number:	10172372
Application Number:	11111250

CORRESPONDENCE DATA

Fax Number: (503)220-2480

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: (503) 224-3380

Email: patlaw@stoel.com

Correspondent Name: Kassim M. Ferris, Stoel Rives LLP

Address Line 1: 900 SW Fifth Avenue

Address Line 2: Suite 2600

Address Line 4: Portland, OREGON 97204

ATTORNEY DOCKET NUMBER:

26071/1

NAME OF SUBMITTER:

Christie L. Martin

Total Attachments: 3

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TO:KASSIM M. FERRIS, STOEL RIVES LLP COMPANY:900 SW FIFTH AVENUE

PATENT ASSIGNMENT

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Stylesheet Version v1.110/14/2008
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SUBMISSION TYPE:	NEW ASSIGNMENT																														
NATURE OF CONVEYANCE:	MERGER																														
EFFECTIVE DATE:	09/12/2006																														
CONVEYING PARTY DATA																															
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Address Line 4: Portland, OREGON 97204

ATTORNEY DOCKET NUMBER:	26071/2
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NAME OF SUBMITTER:	Christie L. Martin
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Total Attachments: 1

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Phone: (503) 986-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Check the appropriate box below:

- ☒ MULTI ENTITY MERGER
(Complete only 1, 2, 3, 4, 10, 11)
☐ FOR PARENT AND 90% OWNED SUBSIDIARY
WITHOUT SHAREHOLDER APPROVAL
(Complete only 5, 6, 7, 8, 9, 10, 11)

Articles of Merger

FILED

SEP 12 2006

OREGON
SECRETARY OF STATE

SURVIVOR
REGISTRY NUMBER: 369613-99

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAMES AND TYPES OF THE ENTITIES PROPOSING TO MERGE

NAME	TYPE	REGISTRY NUMBER
Cornell Acquisition Corporation	Corporation	369613-99
Clarity Visual Systems, Inc.	Corporation	457731-81

2) NAME AND TYPE OF THE SURVIVING ENTITY Cornell Acquisition Corporation

☐ Check here if there is a name change in this plan of merger.

3) A COPY OF THE MERGER PLAN IS ATTACHED. See ORS 60.481(2)

4) THE PLAN OF MERGER WAS DULY AUTHORIZED AND APPROVED BY EACH ENTITY THAT IS A PARTY TO THE MERGER.

☒ A copy of the vote required by each entity is attached.

FOR PARENT AND 90% OWNED SUBSIDIARY WITHOUT SHAREHOLDER APPROVAL

5) NAME OF PARENT CORPORATION _____

Oregon Registry Number _____

6) NAME OF SUBSIDIARY CORPORATION _____

Oregon Registry Number _____

7) NAME OF SURVIVING CORPORATION _____

8) COPY OF PLAN

☐ A copy of the plan of merger setting forth the manner and basis of converting shares of the subsidiary into shares, obligations, or other securities of the parent corporation or any other corporation or into cash or other property is attached.

9) CHECK THE APPROPRIATE BOX

☐ A copy of the plan of merger or summary was mailed to each shareholder of record of the subsidiary corporation on or before _____ Date

☐ The mailing of a copy of the plan or summary was waived by all outstanding shares.

10) EXECUTION

Signature

Printed Name

Title

[Signature]

GERALD PERKEL

PRESIDENT + CEO

11) CONTACT NAME (To resolve questions with this filing.)

Josaundra Smith

DAYTIME PHONE NUMBER (Include area code.)

(503) 226-1191

FEES

Required Processing Fee \$50 - Confirmation Copy (Optional) \$5
Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.