PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:		CORRECTIVE ASSIGNMENT	CORRECTIVE ASSIGNMENT	
NATURE OF CONVEYANCE:			Corrective Assignment to correct the assignee name previously recorded on Reel 016568 Frame 0702. Assignor(s) hereby confirms the correct assignee name is "InFocus Corporation".	
CONVEYING PARTY	DATA			
1		Name	Execution Date	
Jeff Glickman			12/13/2004	
RECEIVING PARTY E	ATA			
Name:	InFocus Corporation			
Street Address:	27700B SW Parkway Avenue			
City:	Wilsonville			
State/Country:	OREGON			
Postal Code:	97070			
PROPERTY NUMBER	RS Total: 1			
Property Type		Number	Number	
Application Number: 11012		012984		
CORRESPONDENCE	DATA		5	
Fax Number:	(503)459	142		
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.				
Phone: 5034594141				
Email: langston@ahmrt.com				
Correspondent Name: ALLEMAN HALL MCCOY RUSSELL & TUTTLE LLP Address Line 1: 806 SW Broadway				
Address Line 2:	Suite 600			
Address Line 4: Portland, OREGON 97205				
ATTORNEY DOCKET NUMBER:		IFC341		
NAME OF SUBMITTER:		Josi Bridges		
Total Attachments: 3 source=Assignment IF				

500970315

PATENT REEL: 023271 FRAME: 0743

PATENT REEL: 023271 FRAME: 0744

ASSIGNMENT

10012000 10.40 100

WHEREAS, I, Jeff Glickman of Las Vegas, Nevada, have invented certain improvements in SYSTEM AND METHOD FOR PROCESSING IMAGE DATA, for which I filed a U.S. patent application on the date hereinafter set forth; and

WHEREAS, InFocus Corporation, an Oregon corporation, having its principal place of business in Wilsonville, Oregon, is desirous of acquiring an interest therein;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which hereby are acknowledged, I, Jeff Glickman, have sold, assigned, and transferred, and do hereby sell, assign, and transfer, to InFocus Corporation, its successors and assigns, the full and exclusive right to the invention in the United States and its territorial possessions and in all foreign countries, and the entire right, title, and interest in and to any and all Letters Patent that may be granted therefor in the United States and its territorial possessions and in any and all foreign countries, and in and to any and all divisions, continuations, reissues, substitutions, and extensions thereof.

I hereby authorize and request the Patent Office officials in the United States and any and all foreign countries to issue any and all of said Letters Patent, when granted, to InFocus Corporation, as the assignee of my entire right, title, and interest in and to the same, for the sole use of InFocus Corporation, and its successors and assigns.

Further, I hereby covenant and agree to and with InFocus Corporation, and its successors and assigns, at the time of execution and delivery of these presents, that I am the sole and lawful owner of the entire right, title, and interest in and to the invention and the above-identified patent application, and that the same are unencumbered, and that I

Page 1 - ASSIGNMENT TO INFOCUS CORPORATION Our File No. IFC 341

PATENT REEL: 023271 FRAME: 0745

v uoriu uuii, ภุจุจ, เญ≀vi/vvo

have good and full right and lawful authority to sell and convey the same in the manner herein set forth.

Further, I agree that I will communicate to InFocus Corporation, or its representatives, any facts known to me respecting the invention, and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuation, reissue, substitution, and extension applications, execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to InFocus Corporation, make all rightful oaths, and generally do everything possible to aid InFocus Corporation, and its successors and assigns, to obtain and enforce proper protection for the invention in the United States and in any and all foreign countries.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 132 day of December, 2004.

JEFF CLEKMAN

6011. ASS.

Ø.| VV07 VV0

Witness:

Jon Marine 1 Signature: ^{*L*}

Name: Laure Marie Stritar

Address: 0308 SWMontgomery St. Apti # 312

City & State: Portland, OR

Page 2 - ASSIGNMENT TO INFOCUS CORPORATION Our File No. IFC 341

> PATENT REEL: 023271 FRAME: 0746

·. '.

09-21-	2005
Form PTO-1595 (Rev. 09/04) OMB No. 0651-0027 (exp. 6/30/2005)	
103011	317
To the Director of the U.S. Patent and Trademark Office: Plea	ase record the attached documents or the new address(es) below.
1. Name of conveying party(les)/Execution Date(s):	2. Name and address of receiving party(ies)
Jeff Glickman	Name: InFocus Corporation
	Internal Address:
Execution Date(s) December 13, 2004	Street Address: 27700 SW Parkway Avenue
Additional name(s) of conveying party(les) attached? Yes V	or of the second
3. Nature of conveyance:	
Assignment Merger	City: Wilsonville
Security Agreement Change of Name	State: Oregon
Government Interest Assignment	
Executive Order 9424, Confirmatory License	Country: USA Zip: 97070
Other	Additional name(s) & address(es) attached? Yes 🗸 No
4. Application or patent number(s):	document is being filed together with a new application.
A. Patent Application No.(s) 11/012,984	B. Patent No.(s)
Additional numbers att	ached? Yes No
5. Name and address to whom correspondence concerning document should be mailed:	6. Total number of applications and patents
Name: B. Anna McCov	involved:
Internal Address:	7. Total fee (37 CFR 1.21(h) & 3.41) \$_40.00
	Authorized to be charged by credit card
Street Address 200 OW D	✓ Authorized to be charged to deposit account
Street Address: <u>806 SW Broadway, Suite 600</u>	
City: Portland	None required (government interest not affecting title)
	8. Payment Information
	a. Credit Card Last 4 Numbers
Phone Number: 503-459-4141	Expiration Date
Phone Number: <u>503-459-4141</u> Fax Number: <u>503-459-4142</u>	Expiration Dateb. Deposit Account Number _503397
Phone Number: <u>503-459-4141</u> Fax Number: <u>503-459-4142</u> Email Address: <u>mccov@ahmrt.com</u>	Expiration Date
Phone Number: <u>503-459-4141</u> Fax Number: <u>503-459-4142</u> Email Address: <u>mccov@ahmrt.com</u>	Expiration Date b. Deposit Account Number <u>503397</u> Authorized User Name <u>B. Anna McCov</u>
Phone Number: 503-459-4141 Fax Number: 503-459-4142 Email Address: mccov@ahmrt.com	Expiration Date b. Deposit Account Number <u>503397</u> Authorized User Name <u>B. Anna McCov</u>
Phone Number: 503-459-4141 Fax Number: 503-459-4142 Email Address: mccov@ahmrt.com	Expiration Date b. Deposit Account Number <u>503397</u> Authorized User Name <u>B. Anna McCov</u> Spetember 8, 2005

RECORDED: 09/23/2009