

PATENT ASSIGNMENT

Electronic Version v1.1
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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Andrew Clark	11/12/2009
Robin Smith	11/12/2009
Scott Semans	11/12/2009
F. Erdem Arkun	11/12/2009
Michael Lebby	11/12/2009
RECEIVING PARTY DATA	
Name:	Translucent, Inc.
Street Address:	952 Commercial St.
City:	Palo Alto
State/Country:	CALIFORNIA
Postal Code:	94303
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12619549
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ATTORNEY DOCKET NUMBER:	TRANSLUC-P050
NAME OF SUBMITTER:	Dennis S. Fernandez

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**PATENT
 REEL: 023524 FRAME: 0279**

Total Attachments: 2

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RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

Andrew Clark, Robin Smith, Richard Sewell, Scott Semans, F. Erdem
Arkun, Michael Lebby.

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: Translucent, Inc.

Internal Address: _____

Street Address: 952 Commercial St.

City: Palo Alto

State: CA

Country: USA Zip: 94303

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 11-12-2009

- Assignment Merger
 Security Agreement Change of Name
 Joint Research Agreement
 Government Interest Assignment
 Executive Order 9424, Confirmatory License
 Other _____

4. Application or patent number(s):

This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? Yes No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Fernandez & Associates, LLP

Internal Address: 201

Street Address: 1047 El Camino Real

City: Menlo Park

State: CA Zip: 94025

Phone Number: 650-325-4999

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6. Total number of applications and patents involved: _____

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40

- Authorized to be charged to deposit account
 Enclosed
 None required (government interest not affecting title)

8. Payment Information

Deposit Account Number _____

Authorized User Name _____

9. Signature:

/Dennis S. Fernandez/
Signature

11-16-2009
Date

Dennis S. Fernandez
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

