# Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

## **CONVEYING PARTY DATA**

Name	Execution Date
Sophocles R. Metsis	08/10/2010
Michael Ricchetti	08/10/2010

#### RECEIVING PARTY DATA

Name:	ADVANCED MICRO DEVICES, INC.
Street Address:	One AMD Place
Internal Address:	P.O. Box 3453
City:	Sunnyvale
State/Country:	CALIFORNIA
Postal Code:	94088

#### PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	12853940

## **CORRESPONDENCE DATA**

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ATTORNEY DOCKET NUMBER:	1001-0349
NAME OF SUBMITTER:	Katrina Prati

Total Attachments: 3

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# **ASSIGNMENT OF INVENTION**

For good and valuable consideration, the receipt of which is hereby acknowledged, I, an ASSIGNOR named below,

Sophocles R. Metsis of Wakefield, MA Michael Ricchetti of Nashua, NH hereby sell, assign and transfer to ASSIGNEE: Advanced Micro Devices, Inc., a Delaware corporation, having a place of business at One AMD Place, P.O. Box 3453, Sunnyvale, CA 94088, its successors, assigns and legal representatives, my entire right, title and interest throughout the world, including all rights to claim priority, in and to the invention(s) disclosed in: U.S. Patent Application executed on or about the date of this Assignment, U.S. Patent Application executed on \_\_\_\_\_\_, or U.S. Provisional Application ENTITLED: SYNCHRONIZING TAP CONTROLLER AFTER POWER IS RESTORED, and naming as INVENTOR(S): Sophocles R. Metsis and Michael Ricchetti including without limitation, my entire right, title and interest in and to any and all United States and foreign applications (including any and all provisional, international, regional and foreign national applications) for said invention(s), including divisions, continuations, continuations-in-part, renewals, substitutes and extensions thereof, and in and to any and all patents of every country or region that may be granted or have been granted for said invention(s), including any reissues and reexaminations thereof. To comply with 37 C.F.R. § 3.21 for recording this Assignment, I authorize and request that the application number and filing date be inserted here, if not already shown above, (\_\_\_/\_\_\_\_) when they become known. I authorize ASSIGNEE to apply for patents of foreign countries for said invention(s), and to claim all rights of priority without further authorization from me. I agree to execute any and all papers useful in connection with any and all United States and foreign applications (including international, regional, and foreign national applications), and generally to do everything possible to aid ASSIGNEE, its successors, assigns and nominees, at their request and reasonable expense, in obtaining and enforcing patents for said invention(s) in all countries.

I hereby covenant that no assignment, sale, license, agreement, or encumbrance has been or will be made or entered into that would conflict with this Assignment.

I authorize and request the Commissioner of Patents and Trademarks to issue any U.S. Letters Patent that may be granted for said invention(s) to ASSIGNEE, its successors or assigns.

Executed on	O by Sophocles R. Metsis
No.	tary Use Below
ACKN	NOWLEDGMENT
State of Massachuse HS County of Middle SX	)
	e, Christino F. McDodl personally appeared (Printed Name of Notary) on the basis of satisfactory evidence to be the
person whose name is subscribed to the he/she executed the same in his/her auth	within instrument and acknowledged to me that norized capacity, and that by his/her signature on upon behalf of which the person acted, executed the
instrument.	
I certify under PENALTY OF PERJUR that the foregoing paragraph is true and	Y under the laws of the State of Massachusetts correct.
	WITNESS my hand and official seal.
CHRISTINE F. MCDADE  Notary Public  COMMONWEALTH OF MASSACHUSETTS  My Convrission Express  April 30, 2015	Signature of Norry

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Notary Use Below	
ACKNOWLEDGMENT	
State of Massachus Offs) County of Midd Osox	
On August 10,3010, before me Ox 10 10 10 10 Qpersonally appeared (Printed Name of Notary)	
Michael Ricchetti, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.	
I certify under PENALTY OF PERJURY under the laws of the State of 100000000000000000000000000000000000	87,
WITNESS my hand and official seal.	
CHRISTINE F. McDADE Notary Practic Commonwealth of Massachusetts My Commission Expires April 30, 2015  CHRISTINE F. McDADE Notary Practic Signature of Notary	

**RECORDED: 08/10/2010** 

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