

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
Name	Execution Date
Clearwire Sub LLC	12/01/2008
<b>RECEIVING PARTY DATA</b>	
Name:	Clearwire Legacy LLC
Street Address:	4400 Carillon Point
City:	Kirkland
State/Country:	WASHINGTON
Postal Code:	98033
<b>PROPERTY NUMBERS Total: 1</b>	
Property Type	Number
Application Number:	12697089
<b>CORRESPONDENCE DATA</b>	
Fax Number:	(206)757-7021
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	206-757-8021
Email:	susanperkins@dwt.com
Correspondent Name:	Heather M. Colburn
Address Line 1:	1201 Third Avenue
Address Line 2:	Suite 2200
Address Line 4:	Seattle, WASHINGTON 98101
ATTORNEY DOCKET NUMBER:	65187-017US1
NAME OF SUBMITTER:	Heather M. Colburn
Total Attachments: 2 source=Assignment_Clearwire_sub_to_Clearwire_Legacy#page1.tif source=Assignment_Clearwire_sub_to_Clearwire_Legacy#page2.tif	

CH \$40.00 12697089

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CLEARWIRE SUB LLC", CHANGING ITS NAME FROM "CLEARWIRE SUB LLC" TO "CLEARWIRE LEGACY LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF DECEMBER, A.D. 2008, AT 8:29 O'CLOCK A.M.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6991877

DATE: 12-01-08

PATENT  
REEL: 025121 FRAME: 0300

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Clearwire Sub LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Request to change name to:

Clearwire Legacy LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 1 day of December, A.D. 2008.

BY CLEARWIRE COMMUNICATIONS, LLC,  
ITS MANAGER

By: Jillian Harrison

Authorized Person(s)

**Jillian Harrison**

Name: Assistant Secretary

Print or Type