



09-11-2000

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Form (Rev) <b>07-28-2000</b>		U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office	
U.S. Patent & TMDRs/TM Mail Rcpt Dt. #11		101453238	
1. Name of conveying party(ies): <b>Broadband Partners, Inc.</b>		2. Name and address of receiving party(ies): Name: <b>DIGEO Broadband, Inc.</b> Internal Address: _____ Street Address: <b>12131 - 113<sup>th</sup> Avenue N.E., Suite 203</b> City: <b>Kirkland</b> State: <b>WA</b> ZIP: <b>98034</b>	
<input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State: <b>Delaware</b> <input type="checkbox"/> Other _____		<input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <b>Delaware</b> <input type="checkbox"/> Other _____	
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____		(Designations must be a separate document from Assignment)	
Execution Date: <b>April 24, 2000</b>		Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Application number(s) or registration number(s): A. Trademark Application No.(s) <b>75/933,408; 76/002,674 and 76/002,657</b>		B. Trademark Registration No.(s)	
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <b>Jessica Stone Levy</b> Internal Address: <b>Perkins Coie LLP</b> Street Address: <b>1201 Third Avenue, Suite 4800</b> City: <b>Seattle</b> State: <b>WA</b> ZIP: <b>98101</b>		6. Total number of applications and registrations involved: _____	
		7. Total fee (37 CFR 3.41):..... \$ <b>90.00</b> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Charge any additional fees/credit any overpayment to Deposit Account No. 50-0665	
		8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account)	
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9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>			
<b>Jessica Stone Levy</b>			<b>July 24, 2000</b>
Name of Person Signing		Signature	Date
Total number of pages comprising cover sheet, attachments and document:			1
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01 FC1481 40.00 DP 02 FC1482 50.00 DP		Documents to be recorded with required cover sheet information to:	
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