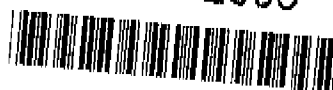


Form PTO-1594 (Rev. 07/03)
OMB Collection 0651-0027 (exp. 6/30/2008)

01-12-2006

DEPARTMENT OF COMMERCE
Patent and Trademark Office

RECORD
TRAL



103156802

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):

MULTIPLEX TECHNOLOGY, INC.

- ☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☒ Corporation- State: California
☐ Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? ☐ Yes ☒ No

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

Execution Date(s) December 14, 2005

- ☐ Assignment ☒ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?

☐ Yes
☒ No

Name: Linear LLC

Internal _____

Address: _____

Street Address: 2055 Corte Del NogalCity: CarlsbadState: CACountry: USAZip: 92009

- ☐ Association Citizenship _____
☐ General Partnership Citizenship _____
☐ Limited Partnership Citizenship _____
☐ Corporation Citizenship _____
☒ Other LLC Citizenship American

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☐ No
 (Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,290,668

Additional sheet(s) attached? ☒ Yes ☐ No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Dawn Urbanowicz

Internal Address: _____

Street Address: c/o Nortek, Inc.City: PROVIDENCEState: RI Zip: 02903Phone Number: 401-751-1600Fax Number: 401-751-9844Email Address: urbanowicz@nortek-inc.com

6. Total number of applications and registrations involved:

9

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 240.00

- ☐ Authorized to be charged by credit card
☐ Authorized to be charged to deposit account
☒ Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
 Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

Signature

Date

BYRNE 00000220 2290668

Dawn Urbanowicz

10. Name of Person Signing

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

5

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, VA 22313-1450

TRADEMARK

REEL: 003294 FRAME: 0643

700259350

Multiplex Technology, Inc. Trademarks

CHANNEL PLUS	1,331,810
CHANNEL PLUS	2,020,339
CHANNEL PLUS and design	2,824,998
CHANNEL PLUS and design	2,021,764
MT EXPRESS	2,179,176
MULTIPLEX TECHNOLOGY	1,334,094
MULTIPLEX TECHNOLOGY, INC.	2,020,324
OPEN HOUSE	2,387,962

00793779

State of California
Secretary of State



I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

DEC 14 2005

BRUCE McPHERSON
Secretary of State

D0793779



State of California Secretary of State

LIMITED LIABILITY COMPANY CERTIFICATE OF MERGER

(Corporations Code Section 17552)

Filing Fee - Please see instructions.
IMPORTANT - Read Instructions before completing this form.

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

DEC - 8 2005

This Space For Filing Use Only

1. Name of surviving entity: LINEAR LLC	2. Type of entity: LLC	3. Secretary of State File Number: 200336310019	4. Jurisdiction: CALIFORNIA
5. Name of disappearing entity: MULTIPLEX TECHNOLOGY, INC.	6. Type of entity: CORPORATION	7. Secretary of State File Number: 1210486	8. Jurisdiction: CALIFORNIA
9. Future effective date, if any: Month Day Year			
10. If a vote was required pursuant to Section 17551 or Section 1113, enter the outstanding interests of each class entitled to vote on the merger and the percentage of vote required:			
Surviving Entity		Disappearing Entity	
Each class entitled to vote	Percentage of vote required	Each class entitled to vote	Percentage of vote required
1 member	100%	10,000 COMMON	100
11. The principal terms of the agreement of merger were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required.			
SECTION 12 IS ONLY APPLICABLE IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, COMPLETE ITEM 12 AND PROCEED TO ITEM 15.			
12. Requisite changes to the information set forth in the Articles of Organization of the surviving limited liability company resulting from the merger. Attach additional pages if necessary.			
SECTIONS 13 AND 14 ARE APPLICABLE IF THE SURVIVING ENTITY IS A FOREIGN LIMITED LIABILITY COMPANY OR OTHER BUSINESS ENTITY. COMPLETE ITEMS 13 AND 14.			
13. Principal business address of the surviving foreign limited liability company or other business entity:			
Address:			
City: State: Zip Code:			
14. Other information required to be stated in the Certificate of Merger by the laws under which each constituent other business entity is organized. Attach additional pages if necessary. Linear LLC is authorized to effect a merger with Multiplex Technology, Inc. under California Corporations Code Sections 17550(3) and 1113(a).			
15. Number of pages attached, if any:			
16. I certify that the statements contained in this document are true and correct of my own knowledge. I declare that I am the person who is executing this instrument, which execution is my act and deed.			
Signature of Authorized Person for the Surviving Entity		By: WDS LLC Edward J. Cooney, its VP	
Date		Type or Print Name and Title of Person Signing	
Signature of Authorized Person for the Surviving Entity		Date	
Signature of Authorized Person for the Disappearing Entity		Type or Print Name and Title of Person Signing	
Date		Date	
Signature of Authorized Person for the Disappearing Entity		Type or Print Name and Title of Person Signing	
Date		Date	

SEC/STATE (REV. 03/2005)

FORM LLC-9 - FILING FEE: SEE INSTRUCTIONS
Approved by Secretary of State

RECORDED: 01/10/2006

TRADEMARK
REEL: 003294 FRAME: 0646