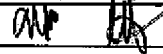


Form PTO-1594 (Rev. 07/05)
 OMB Collection 0651-0027 (exp. 7/31/2008)

U.S. DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office

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

<p>1. Name of conveying party(ies): EchoStar Communications Corporation</p> <p> <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: <u>Nevada</u> <input type="checkbox"/> Other _____</p> <p>Citizenship (see guidelines) _____</p> <p>Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Additional names, addresses, or citizenship attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Name: <u>DISH Network Corporation</u></p> <p>Internal _____ Address: _____</p> <p>Street Address: <u>9601 S. Meridian Blvd</u></p> <p>City: <u>Englewood</u></p> <p>State: <u>CO</u></p> <p>Country: <u>United States</u> Zip: <u>80112</u></p> <p> <input type="checkbox"/> Association Citizenship _____ <input type="checkbox"/> General Partnership Citizenship _____ <input type="checkbox"/> Limited Partnership Citizenship _____ <input checked="" type="checkbox"/> Corporation Citizenship <u>Nevada</u> <input type="checkbox"/> Other _____ Citizenship _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</p>
<p>3. Nature of conveyance)/Execution Date(s) :</p> <p>Execution Date(s) <u>1-20-08</u></p> <p> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p>	<p>4. Application number(s) or registration number(s) and Identification or description of the Trademark.</p> <p>A. Trademark Application No.(s) _____</p> <p>B. Trademark Registration No.(s) <u>2249937</u></p> <p style="text-align: right;">Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):</p>
<p>5. Name & address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Max Gratton</u></p> <p>Internal Address: <u>DISH Network L.L.C.</u></p> <p>Legal Department _____</p> <p>Street Address: <u>9601 S. Meridian Blvd</u></p> <p>City: <u>Englewood</u></p> <p>State: <u>CO</u> Zip: <u>80112</u></p> <p>Phone Number: <u>303 723 1616</u></p> <p>Fax Number: <u>303 723 1699</u></p> <p>Email Address: <u>max.gratton@echostar.com</u></p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ <u>40</u></p> <p> <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed</p> <p>8. Payment Information:</p> <p>a. Credit Card Last 4 Numbers _____ Expiration Date _____</p> <p>b. Deposit Account Number <u>50-4577</u></p> <p>Authorized User Name <u>Max Gratton</u></p>
<p>9. Signature: <u></u> <u>7-1-08</u></p> <p style="text-align: center;">Signature Date</p> <p style="text-align: center;">_____ Name of Person Signing</p> <p style="text-align: right;">Total number of pages including cover sheet, attachments, and document: 5</p>	

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Statement of Change

filed pursuant to §7-90-301, et seq. and §7-90-305.5 or §7-90-604 or §7-90-701 or §7-90-702 or §7-90-705 or §7-90-804 of the Colorado Revised Statutes (C.R.S)

ID number: 20011030148

1. Entity name:

EchoStar Communications Corporation

2. True name:

(if different from the entity name)

Complete lines 3 - 15 as applicable. You must complete line 16.

3. Resignation of registered agent of record:

Date on which agent resigned:

_____ (mm/dd/yyyy)

Registered agent: (if an individual)

_____ (Last) (First) (Middle) (Suffix)

OR (if a business organization)

Registered agent street address:

_____ (Street name and number)

_____ CO (City) (State) (Postal/Zip Code)

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

4. Appointment of new registered agent following resignation of registered agent of record:

Registered agent: (if an individual)

_____ (Last) (First) (Middle) (Suffix)

OR (if a business organization)

The person appointed as registered agent in the document has consented to being so appointed.

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Registered agent street address:

(Street name and number)

(City) CO (State) (Postal/Zip Code)

Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

5. Change of registered agent name and/or address of record:

Registered agent: (if an individual)

(Last) (First) (Middle) (Suffix)

OR (if a business organization)

The person appointed as registered agent in the document has consented to being so appointed.

Registered agent street address:

(Street name and number)

(City) CO (State) (Postal/Zip Code)

Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

If the change is being effected by the registered agent, the following statement applies:

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

6. Change of principal office address of record:

New principal office
street address:

(Street name and number)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

New principal office
mailing address:
(if different from above)

(Street name and number or Post Office Box information)

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 (City) (State) (Postal/Zip Code)

 (Province - if applicable) (Country - if not US)

7. Document number: 20011030148
 (required for change(s) to 8, 9, 10,
 and/or 1) below)

8. Change of entity name of record (LLP, art. 61 LLLP or foreign entity only):
 New entity name: DISH Network Corporation

9. Change of true name of record (LLP, art. 61 LLLP, general partnership or foreign entity only):
 New true name: _____

10. Change of jurisdiction of formation of record (foreign entity only):
 New jurisdiction of formation: _____

11. Change of entity form of record (foreign entity only):
 New entity form: _____

12. Other change(s) not provided for above:
 If other information contained in the filed document is being changed, mark this box and include an attachment stating the information to be changed and each such change.
 If other information is being added or deleted, mark this box and include an attachment stating each addition or deletion.

13. Withdrawal of Statement of Registration of True Name: (if applicable, mark this box)

14. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):
 "bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

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16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Strickland	Tracy	A.
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Englewood	CO	80156
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>
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