

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
EchoStar Satellite L.L.C.		02/29/2008	LIMITED LIABILITY COMPANY: COLORADO
RECEIVING PARTY DATA			
Name:	DISH Network L.L.C.		
Street Address:	9601 S Meridian Blvd		
Internal Address:	Legal Department		
City:	Englewood		
State/Country:	COLORADO		
Postal Code:	80112		
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	78662527	BETTER TV FOR ALL	
CORRESPONDENCE DATA			
Fax Number:	(303)723-2588		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	303 723 1616		
Email:	ipdept@echostar.com		
Correspondent Name:	Max Gratton		
Address Line 1:	9601 S Meridian Blvd		
Address Line 2:	Legal Department		
Address Line 4:	Englewood, COLORADO 80112		
ATTORNEY DOCKET NUMBER:	TM-0008		
NAME OF SUBMITTER:	Max Gratton		
Signature:	/Max Gratton/		

CH \$40.00 78662527

Date:

11/28/2008

Total Attachments: 2

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Colorado Secretary of State
 Date and Time: 02/29/2008 03:11 PM
 Id Number: 19871717631

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Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 19871717631

1. Entity name: ECHOSTAR SATELLITE L.L.C.
(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name: DISH Network L.L.C.
 (if applicable)

3. 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"

4. Other amendments, if any, are attached.

5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

OR

If the limited liability company's period of duration as amended is perpetual, mark this box:

6. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

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Strickland Tracy A.
(Last) (First) (Middle) (Suffix)

P.O. Box 6655
(Street name and number or Post Office Box information)

Englewood CO 80155
(City) (State) (Postal/Zip Code)

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

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