

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 TRADEMARKS ONLY

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):**

EchoStar Satellite L.L.C.

- Individual(s)
- General Partnership
- Corporation- State: Colorado
- Other \_\_\_\_\_
- Association
- Limited Partnership

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) 2-29-08

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: DISH Network L.L.C.

Internal Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address: 9601 S. Meridian Blvd

City: Englewood

State: CO

Country: United States Zip: 80112

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship \_\_\_\_\_
- Other limited liability company Citizenship Colorado

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)

3487753

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: Max Gratton

Internal Address: DISH Network L.L.C.

Legal Department

Street Address: 9601 S. Meridian Blvd

City: Englewood

State: CO Zip: 80112

Phone Number: 303 723 1616

Fax Number: 303 723 1699

Email Address: max.gratton@echostar.com

**6. Total number of applications and registrations involved:**

1

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40**

- 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 50-4577

Authorized User Name Max Gratton

**9. Signature:**

Signature

12-2-08

Date

Max Gratton

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 4

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

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*Carolyn Snook* 11/18/2008  
 By \_\_\_\_\_ Date