

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|----------------------------------|--|----------------|----------------------------|
| 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: |
| 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: | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Serial Number: | 77166934 | DISH U | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | (303)723-3172 | | |
| | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | | |
| Phone: | 720.514.5310 | | |
| Email: | aaron1.dobberstein@echostar.com | | |
| Correspondent Name: | Aaron Dobberstein | | |
| Address Line 1: | Dish Network LLC | | |
| Address Line 2: | 9601 S. Meridian Blvd., Legal Department | | |
| Address Line 4: | Englewood, COLORADO 80112 | | |
| ATTORNEY DOCKET NUMBER: | DISH U LOGO | | |
| NAME OF SUBMITTER: | Aaron Dobberstein | | |
| Signature: | /Aaron Dobberstein/ | | |

CH \$40.00 77166934

TRADEMARK

Date:

12/17/2008

Total Attachments: 3

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Colorado Secretary of State
 Date and Time: 02/29/2008 03:11 PM
 Id Number: 19871717631
 Document number: 20081120311

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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:
 (if applicable) DISH Network L.L.C.

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)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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

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
(Country - if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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STATE OF COLORADO
DEPARTMENT OF STATE

I hereby certify that this is a true copy of
Document No. _____
dated _____
to the Secretary of State
for the Secretary of State

Secretary of State

Date _____





STATE OF COLORADO
DEPARTMENT OF STATE

I hereby certify that this is a true copy of
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of the Secretary of State.

Mike Coffman
Secretary of State

Carey Snow 11/16/2008
By Date