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AUTOMATION STANDARDS COMPLIANCE INSTITUTE LETTER OF ASSURANCE

MAIL or FAX to: Andre Ristaino, ASCI, 67 Alexander Drive, RTP, NC 27709 USA FAX: 919-549-8288

A. PATENT HOLDER/ORGANIZATION:

Legal Name of Person or Entity (the "Patent Holder"):

B. PATENT HOLDER'S CONTACT FOR PATENT LICENSING:

Name & Department: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

C. PROPOSED INSTITUTE SPECIFICATION:

Number: _____

Title: _____

D. PATENT HOLDER'S POSITION ON ENFORCEMENT OR LICENSING PATENT RIGHTS:

Those patent(s) and/or pending applications owned or controlled by the Patent Holder that would be, or that Patent Holder believes may be, infringed by compliance with the proposed Institute's Conformance Specifications, are as follows:

Patent Number(s): _____

Title(s): _____

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The person signing below certifies that he/she is duly authorized to execute this Letter of Assurance on behalf of the Patent Holder:

Print name of authorized person: _____

Title of authorized person: _____

Signature of authorized person: _____

Date: _____

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