## LETTER OF ASSURANCE

Please return to:	Intellectual Property Manager Society of Automotive Engineers, Inc. 400 Commonwealth Drive
	Warrendale, PA 15096-0001 USA
	No license is implied by submission of this Letter of Assurance
PATENT OWNER/O	DRGANIZATION:
Legal Name of Organ	ization: ARIANE CONTROLS INCORPORATED
PATENT OWNER'S	CONTACT FOR LICENSE APPLICATION:
Name & Department: Address: Telephone: 4887	JEAN-PIERRE FOURNIER 2145 CHEMIN SAINTE-FOT SUITE 22 QUEBEE 4919 Fax: 4188724348E-mail: IPEARIANE CONTROLS CON
PROPOSED SAE ST	ANDARD:
Number: 2° Title: INBAND 3	931/2 ICHALIPC COMPLUDICATION FOR PLUC-IN ELECTRIC
PATENT HOL	DER'S POSITION REGARDING LICENSING ESSENTIAL PATENT RIGHTS
be intringed by compli	eves it owns or controls granted patent(s) and/or pending applications which it believes would ance with the Proposed SAE Standard. Patent Holder states that its position with respect to is as follows (check one box only).
1. The I world	Patent Holder is prepared to grant a free license* to an unrestricted number of applicants on a lwide, non-discriminatory basis to comply with the Proposed SAE Standard.
<ol><li>The F worldwide, no Standard.</li></ol>	Patent Holder is prepared to grant a <i>license</i> * to an unrestricted number of applicants on a n-discriminatory basis and on reasonable terms and conditions to comply with such Proposed
3. The P In this case, the	atent Holder is unwilling to grant licenses according to the provisions of either 1 or 2 above. e following information is requested:
• Do	es patent Owner agree that is patent is required to comply with Proposed Standard?
• If C	wner agrees its patent is required, please provide the patent number and claims effected.  Patent Number(s):  Claims Effected:
deemed discriminatory, .	nt denied on basis of pending or ongoing patient litigation with Patent Holder is not nor is a license that includes a reciprocity requirement, field of use restrictions or awal of Proposed Standard deemed unreasonable for such inclusion.
SIGNATURE Print name of authorized	

Signature of Authorized Person: