LXI Consortium, Inc. ("LXI")

Membership Application

Please complete and submit two copies of this application to LXI, together with the appropriate membership fee (as calculated below) or a request for invoice, if required by your organization. Membership rights and privileges will not commence until payment in full of membership fees has been received by LXI.

Name of Applicant: _______________________________________________

Address of Applicant: __________________________________________

_______________________________________________

_______________________________________________

Business Contact: __________________________________________

Phone No: _________________________________________________

Fax No.: _________________________________________________

E-mail: _________________________________________________

(All legal and financial notices from LXI to the applicant will be sent to this e-mail address, unless the applicant directs otherwise.)

Technical Contact: __________________________________________

Phone No: _________________________________________________

Fax No.: _________________________________________________

E-mail: _________________________________________________

(All technical notices from LXI to the applicant will be sent to this e-mail address, unless the applicant directs otherwise.)

Please select the appropriate Membership class referring to the fee schedule.

<table>
<thead>
<tr>
<th>Class</th>
<th>Annual Membership Dues</th>
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<tbody>
<tr>
<td>_____ Strategic Member</td>
<td>$7,500</td>
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<tr>
<td>_____ Participating Member</td>
<td>$5,000</td>
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<tr>
<td>_____ Informational Member</td>
<td>$2,500</td>
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<tr>
<td>_____ University Member</td>
<td>$500</td>
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By signing below, the applicant acknowledges and agrees that, when signed and accepted by LXI, this application represents a binding contract between the parties and commits the applicant to (i) payment of annual Membership dues and fees as determined from time to time by the Board of Directors and (ii) comply with all the terms and conditions of LXI’s Certificate of Incorporation and Bylaws (the applicant hereby acknowledging receipt of copies of these documents) and such rules and policies as the Board of Directors and/or committees may from time to time adopt. The applicant certifies that it meets the conditions of Membership specified in the Bylaws. By becoming a member of LXI, you are entitled to gain access to the LXI Reference Design software product for the duration of your membership, subject to your agreement to all terms and conditions applicable thereto.

LXI may elect to avail itself of certain protections offered by the National Cooperative Research and Production Act of 1993, as amended, which requires disclosure of the names of all members of LXI. Accordingly, the undersigned hereby appoints such person who shall be the President or Chairperson or acting President or Chairperson of LXI as the undersigned's true and lawful attorney-in-fact and authorizes him or her to (1) notify government agencies of the undersigned's membership in LXI, (2) make, approve the form of, execute and deliver filings with government agencies on behalf of LXI and on behalf of the undersigned as a member of LXI indicating such membership, (3) receive notifications, including without limitation, notifications pursuant to the National Cooperative Research and Production Act on behalf of LXI and on behalf of the undersigned as a member of LXI, and (4) authorize and direct other officers of, and/or counsel to LXI, to do any of the foregoing acts. LXI will forward to the undersigned any notifications that it receives which are other than normal confirmations of filings and other administrative notices relating to all members.

Applicant Authorization: 

____________________________
(LXI Consortium, Inc.)

By:__________________________ By:_________________________

____________________________
(Applicant Name)

Name:_______________________

Robert Helsel

Title:________________________

Executive Director, LXI Consortium, Inc.

Date:________________________

Date:________________________

Please Fax or mail completed application to:

LXI Consortium
PO Box 1016
Niwot, CO 80544-1016
Phone: +1 - 303-652-2571, FAX: +1 - 303-652-1444

* Grace Period. If Applicant executes this Membership Agreement and complies with all other requirements for Membership, Applicant shall be admitted as an Member at the specified Membership level, with the privileges of such class, notwithstanding its failure to pay the applicable Annual Dues upon submission hereof; provided, however, that if Applicant fails to pay such fees within sixty (60) days of the execution hereof, Applicant shall forfeit all rights of Membership, including without limitation, its rights, if any, to nominate or elect a Director, as applicable.