

04-23-2001

FORM PTO-1619A
Expires 06/30/99
OMB 0651-0027



U.S. Department of Commerce
Patent and Trademark Office
PATENT

101682410
**RECORDATION FORM COVER SHEET
PATENTS ONLY**

APR 9 2001

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- ☒ New
☐ Resubmission (Non-Recordation)
☐ Document ID #
☐ Correction of PTO Error
☐ Reel # Frame #
☐ Corrective Document
☐ Reel # Frame #

Conveyance Type

- ☐ Assignment ☐ Security Agreement
☐ License ☒ Change of Name
☐ Merger ☐ Other

U.S. Government

(For Use ONLY by U.S. Government Agencies)

- ☐ Departmental File ☐ Secret File

Conveying Party(ies)

☐ Mark if additional names of conveying parties attached

Name (line 1) Big Picture, Inc.

Execution Date
Month Day Year
09 20 2000

Name (line 2)

Second Party

Name (line 1)

Execution Date
Month Day Year

Name (line 2)

Receiving Party

☐ Mark if additional names of receiving parties attached

Name (line 1) Bite Tech, Inc.

Name (line 2)

Address (line 1) 205-1/2 East Hennepin Avenue

Address (line 2)

Address (line 3) Minneapolis

MN

55414

City

State/Country

Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

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Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

04/23/2001 GTDN11 00000028 4672959

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PATENT
REEL: 011692 FRAME: 0050

Correspondent Name and Address

Area Code and Telephone Number

612-340-8933

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments

#

Application Number(s) or Patent Number(s)

☒ Mark if additional numbers attached.

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="4,672,959"/>	<input type="text" value="5,365,946"/>	<input type="text" value="5,385,155"/>
<input type="text" value="5,584,687"/>	<input type="text" value="5,718,575"/>	<input type="text" value="5,836,761"/>
<input type="text" value="5,865,619"/>	<input type="text" value="5,879,155"/>	<input type="text" value="D397,442"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number as not been assigned.

PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>
PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed ☒

Deposit Account ☐

Deposit Account

Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes ☒

No ☐

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Gerald E. Helget

Name of Person Signing



Signature

April 5, 2001

Date

RECORDATION FORM COVER SHEET
CONTINUATION
PATENTS ONLY

U.S. Department of Commerce
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Conveying Party(ies)

☐ Mark if additional names of conveying parties attached

Enter additional Conveying Parties

		Execution Date		
		Month	Day	Year
Name (line 1)	<input type="text"/>	<input type="text"/>		
Name (line 2)	<input type="text"/>			
Name (line 1)	<input type="text"/>	<input type="text"/>		
Name (line 2)	<input type="text"/>			
Name (line 1)	<input type="text"/>	<input type="text"/>		
Name (line 2)	<input type="text"/>			

Receiving Party(ies)

☐ Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

Name (line 1)	<input type="text"/>	<input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. <i>(Designation must be a separate document from Assignment.)</i>	
Name (line 2)	<input type="text"/>		
Address (line 1)	<input type="text"/>		
Address (line 2)	<input type="text"/>		
Address (line 3)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. <i>(Designation must be a separate document from Assignment.)</i>
	City State/Country	Zip Code	
Name (line 1)	<input type="text"/>		
Name (line 2)	<input type="text"/>		
Address (line 1)	<input type="text"/>		<input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. <i>(Designation must be a separate document from Assignment.)</i>
Address (line 2)	<input type="text"/>		
Address (line 3)	<input type="text"/>	<input type="text"/>	
	City State/Country	Zip Code	

Application Number(s) or Patent Number(s)

☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<input type="text" value="08/763,929"/>	<input type="text" value="09/657,421"/>	<input type="text" value="09/658,211"/>	<input type="text" value="6,200,133"/>	<input type="text"/>	<input type="text"/>
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87-653

AMENDMENT OF ARTICLES OF INCORPORATION

CORPORATE NAME: Big Picture, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

The following amendment(s) to articles regulating the above corporation were adopted:

ARTICLE I

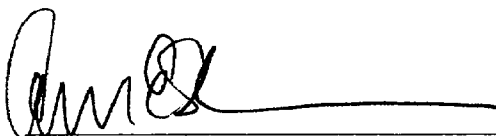
The name of the corporation shall be Bite Tech, Inc.

J

ARTICLE II

The resided office of this corporation shall be located at 205½ East Hennepin Avenue, Minneapolis, Minnesota 55414.

This amendment has been approved pursuant to Minnesota Statutes chapter 302A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.



Damon E. Schramm

Name and telephone number of contact person: Damon E. Schramm, Esq. 612-317-9745

STATE OF MINNESOTA
FILED

SEP 20 2000

Mary Kiffmeyer

Secretary of State

067356

Co filed 9/20/00 J