





Attorney Docket No. 2761.01US02

ORM PTO-1595 U.S. DEPARTMENT OF COMMERCE 1/31/92 Patent and Trademark Office

## RECORDATION FORM COVER SHEET

To the Honorable Commissioner of Patents and Trademarks.

	Ple	ase record the attached original documents or copy therec	of.	
	1.	Name of conveying party(ies): Surf Gear Associates, Inc.	2.	Name and address of receiving party(ies): Adaptive Avenue Associates, Inc. 250 East 6th Street, Suite 408 St. Paul, Minnesota 55101
		Additional name(s) of conveying party(ies) attached? Yes _X_ No		Additional name(s) & address(es) attached? Yes _X_ No
		Nature of conveyance:		attached: res No
•		Assignment Merger X Other: corporate name change		
•		Execution Date(s): January 14, 2003		
	4.	Application number(s) or patent number(s):		
		If this document is being filed together with a new non-	provisional a	pplication, the execution date of the application is: *
		A. Patent Application No(s). 10/014 929 60/422,731	B.	Patent No(s).
		Additional numbers	attached?	_ Yes <u>X</u> No
	5.	Name and address of party to whom correspondence concerning document should be mailed:	6.	Total number of applications and patents involved: 2
		Customer No. 24113 Kimberly K. Baxter Patterson, Thuente, Skaar & Christensen, P.A. 4800 IDS Center 80 South 8th Street Minneapolis, Minnesota 55402-2100	7.	Total fee (37 CFR 3.41): \$80.00  X Enclosed Authorized to be charged to deposit account
			8.	Deposit Account Number: 16-0631 (Attach duplicate copy of this page if paying by deposit account)
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	9.	Statement and signature. / To the best of my knowledge and belief, the foregoing in of the original document.	nformation is	true and correct and any attached copy is a true copy
		Kimberly K. Baxter	A.	hely & Buth
		Name of Person Signing	Signature	
		September 24, 2003 Date	Total nur	nber of pages comprising cover sheet: 1

**PATENT** 

**REEL: 014577 FRAME: 0848** 

11E-824



## MINNESOTA SECRETARY OF STATE

## AMENDMENT OF ARTICLES OF INCORPORATION



READ INSTRUCTION	ONS LISTED B	ELOW, BEFOR	RE COMPLETING	THIS FORM.

<ol> <li>Type or print in black ink.</li> <li>There is a \$35.00 fee payable t</li> <li>Return Completed Amendment</li> </ol>	•	_	•

•	to the address listed on the bottom of the form.				
CORPORATE NAME: (List the name of the company prior to any desired name change) Surf Gear Associates, Inc.					
This amendment is effective on the day it is filed to 30 days after filing with the Secretary of State.	with the Secretary of State, unless you indicate another date, no later than 01/01/2003				
article(s) indicating which article(s) is (are) being	Format(mm/dd/yyyy)  I the above corporation were adopted: (Insert full text of newly amended amended or added.) If the full text of the amendment will not fit in the es. (Total number of pages including this form 1)  ARTICLE 1.				
The name of the corporation is Adaptive	Avenue Associates, Inc. 75				

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. 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.

(Signature of Authorized Person)

Name and telephone number of contact person: David Quimby

(651) 222-1609

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If you have any questions please contact the Secretary of State's office at (651)296-2803.

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