

5/17/04

05-11-2004

Form PTO-1595  
(Rev. 10/02)

OMB No. 0651-0027 (exp. 6/30/2006)

Tab settings ⇌⇌⇌ ▼



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HEET

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
Progeny Systems, LLC

Additional name(s) of conveying party(ies) attached? ☐ Yes ☐ No

3. Nature of conveyance:

- ☐ Assignment ☒ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other \_\_\_\_\_

Execution Date: 11/24, 11/27 and 12/30/2003

2. Name and address of receiving party(ies)

Name: Medical Electronic Systems, LLC

Internal Address: \_\_\_\_\_

Street Address: 1301 Beverly Green Drive

City: Los Angeles State: CA Zip: 90035

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

A. Patent Application No.(s) \_\_\_\_\_

B. Patent No.(s) 6,426,213 and 6,526,363

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Troy M. Schmelzer

Internal Address: Procopio, Cory, Hargreaves &

Savitch LLP

Street Address: 530 B Street; Suite 2100

City: San Diego State: CA Zip: 92101

6. Total number of applications and patents involved

7. Total fee (37 CFR 3.41).....\$ 80.00

☒ Enclosed

☐ Authorized to be charged to deposit account

8. Deposit account number: \_\_\_\_\_

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Troy M. Schmelzer

Name of Person Signing

Signature

Date

05/10/2004 DBYME

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Total number of pages including cover sheet, attachments, and documents

3

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

American LegalNet, Inc.  
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PATENT  
REEL: 015302 FRAME: 0152

CSC

ID:916-563-2121

JAN 19'04

16:07 No.005 P.03



**State of California**  
**Kevin Shelley**  
**Secretary of State**

**LIMITED LIABILITY COMPANY**  
**CERTIFICATE OF MERGER**

(Corporations Code Section 17552)

Filing Fee - Please see instructions.

**IMPORTANT - Read instructions before completing this form.**

**ENDORSED - FILED**  
 in the office of the Secretary of State  
 of the State of California

JAN 9 2004

**KEVIN SHELLEY**  
**Secretary of State**

This Space For Filing Use Only

1. Name of surviving entity: Medical Electronic Systems, Inc.	2. Type of entity: LLC	3. Secretary of State File Number: 200003210022	4. Jurisdiction: CA
5. Name of disappearing entity: Progeny Systems, LLC	6. Type of entity: LLC	7. Secretary of State File Number: 199804810075	8. Jurisdiction: CA
9. Future effective date, if any: Month Day Year			
10. If a vote was required pursuant to Section 17651 or Section 1113, enter the outstanding interests of each class entitled to vote on the merger and the percentage of vote required:			
<b>Surviving Entity</b> Each class entitled to vote membership interests (only class outstanding) Percentage of vote required more than 50%		<b>Disappearing Entity</b> Each class entitled to vote membership interests (only class outstanding) Percentage of vote required more than 50%	
11. The principal terms of the agreement of merger were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required.			
SECTION 12 IS ONLY APPLICABLE IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY. COMPLETE ITEM 12 AND PROCEED TO ITEM 15.			
12. Requisite changes to the information set forth in the Articles of Organization of the surviving limited liability company resulting from the merger. Attach additional pages if necessary. <u>None</u>			
SECTIONS 13 AND 14 ARE APPLICABLE IF THE SURVIVING ENTITY IS A FOREIGN LIMITED LIABILITY COMPANY OR OTHER BUSINESS ENTITY. COMPLETE ITEMS 13 AND 14.			
13. Principal business address of the surviving foreign limited liability company or other business entity:			
Address: City State Zip Code:			
14. Other information required to be stated in the Certificate of Merger by the laws under which each constituent other business entity is organized. Attach additional pages if necessary.			
15. Number of pages attached, if any: <u>1</u>			
16. I certify that the statements contained in this document are true and correct of my own knowledge. I declare that I am the person who is executing this instrument, which execution is my act and deed.			
<u>Gabriel Deutsch</u> 12/30/03 Signature of Authorized Person for the Surviving Entity Date		<u>Gabriel Deutsch, Manager</u> 12-30-03 Type or Print Name and Title of Person Signing Date	
<u>Marcia Deutsch</u> 11-24-07 Signature of Authorized Person for the Surviving Entity Date		<u>Marcia Deutsch, Manager</u> 11-24-03 Type or Print Name and Title of Person Signing Date	
<u>Gabriel Deutsch</u> 12/30/03 Signature of Authorized Person for the Disappearing Entity Date		<u>Gabriel Deutsch, Manager</u> 12-30-03 Type or Print Name and Title of Person Signing Date	
Signature of Authorized Person for the Disappearing Entity Date		Type or Print Name and Title of Person Signing Date	

SECSTATE (REV. 01/03)

FORM LLC-9 - FILING FEE: SEE INSTRUCTIONS  
Approved by Secretary of State

CSC

ID:916-563-2121

JAN 19'04 16:08 No.005 P.04

ATTACHMENT TO  
LIMITED LIABILITY COMPANY  
CERTIFICATE OF MERGER  
(Form LLC-9)

Name of surviving entity: Medical Electronic Systems, LLC  
Type of entity: Limited liability company  
Secretary of State No.: 200003210022  
Jurisdiction: California

Name of disappearing entity: Progeny Systems, LLC  
Type of entity: Limited liability company  
Secretary of State No.: 199804810075  
Jurisdiction: California

Item 16. (continued)

I certify that the statements contained in this document are true and correct of my own knowledge. I declare that I am the person who is executing this instrument, which execution is my act and deed.

Z. Axelrod  
Signature of Authorized Person Date  
for the Surviving Entity

Zvi Axelrod, Manager Date: Nov/27/03

Z. Axelrod  
Signature of Authorized Person Date  
for the Disappearing Entity

Zvi Axelrod, Manager Date: Nov/27/03

DOUGLAS-1628633, L. R. HOLZMAN