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Form PTO-1595

OMB No. 0651-0027 (exp. 6/30/2005)

(Rev. 10/02)

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

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): Name and address of receiving party(ies) Sygate Technologies, Inc. Sygate Technologies LLC Name: b) Internal Address: c) d) Additional name(s) of conveying party(ies) attached)? Tyes X No Street Address: 20330 Stevens Creek Boulevard 3. Nature of conveyance: Assignment ☐ Merger City: Cupertino State: CA Zip: 95014 Security Agreement ☐ Change of Name x Other: Articles of Organization-Conversion Additional name(s) & address(es) attached? Yes **Execution Date:** 2/27/2006 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) 11/148,965 Additional numbers attached? 
Yes No 5. Name and address of party to whom correspondence 6. Total no. of applications and patents involved: concerning document should be mailed: 7. Total fee (37 CFR 3.41) . . . Serge J. Hodgson Name: Gunnison, McKay & Hodgson, L.L.P. x Enclosed Internal Address: Authorized to charge any additional fees to deposit account Street Address: Garden West Office Plaza 8. Deposit account number: Suite 220 1900 Garden Road 50-0553 City: Monterey State: CA Zip: 93940 DO NOT USE THIS SPACE 9. Signature. Serge J. Hodgson August 31, 2006 Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and documents: 3

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I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of \_\_\_\_\_\_ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAR - 4 2006

BRUCE McPHERSON

Secretary of State



## State of California Secretary of State

## LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION - CONVERSION

Fle#**2006062100**35

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

FEB 2 8 2006

MPORTANT — Read all instructions before completing this form.

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C	INVERTED ENTITY INFORMATION					
1.	abbreviation "LLC" or "L.L.C.")					
	Sygate Technologies LLC					
2,	THE PURPOSE OF THE LIMITED LIABILTY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.					
3.	THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)					
	ONE MANAGER	MORE THAN ONE MANAGER		ALL LIMITE	D LIABILITY COMP	ANY MEMBER(S)
4.	MAILING ADDRESS OF THE CHIEF EXEC	UTIVE OFFICE	СП	Y AND STATE	······································	ZIP CODE
	20330 Stevens Creek Boulevard,		Cupe	rtino, CA		95014
5.	NAME OF AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reelde in California and both items 5 and 6 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a cartificate pursuant to Corporations Code section 1505 and Item 5 must be completed (leave Item 5 blank).)					
	CT Corporation System	· · · · · · · · · · · · · · · · · · ·				
6.	F AN INDIVIDUAL, ADDRESS OF AGENT	FOR SERVICE OF PROCESS IN	CA CIT	Y	STATE CA	ZIP CODE
C	NVERTING ENTITY INFORMATION		-			
7.	VAME OF CONVERTING ENTITY					
	Sygate Technologies, Inc.					
8.	FORM OF ENTITY	9. JURISDICTION		10. CA SECRETA		E NUMBER, IF ANY
	Corporation	CA		<u> </u>	C1896430	
11.	THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING <u>FOR EACH CLASS</u> :					
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74.	PART OF THIS CERTIFICATE.	DR THE ATTMORED FACES, IF A	141, 10 JII COF	CPUICH FIENCEN	D) MOREPERE	TOE AND WADE A
13.	CERTIFY UNDER PENALTY OF PERJURY LOWN KNOWLEDGE. I DECLARE I AM THE P	INDER THE LAWS OF THE STATE ( ERSON WHO EXECUTED THIS INS	OF CALIFORN TRUMENT, W	IA THAT THE FOREG HICH EXECUTION IS I	OING IS TRUE AND MY ACT AND DEED	CORRECT OF MY
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	BIGNATURE OF AUTHORIZED PERSON	TYPE OR P	PE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON (W)			
	MMM	Edward F.	ard F. Malysz, Assistant Secretary			
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**RECORDED: 09/06/2006**