

Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)

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

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

Second Sight, LLC.

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

3. Nature of conveyance/Execution Date(s):

Execution Date(s) July 15, 2003

- ☐ Assignment ☒ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: Second Sight Medical Products, Inc.

Internal Address: Building 3

Street Address: 12744 San Fernando Road

City: Sylmar

State: California

Country: USA Zip: 91342

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

4. Application or patent number(s):

☐ This document is being filed together with a new application.

A. Patent Application No.(s)

11/926,034

Attorney Docket No. S100-DIV8

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Second Sight Medical Products, Inc.

Internal Address: Building 3

Street Address: 12744 San Fernando Road

City: Sylmar

State: California Zip: 91342

Phone Number: (818) 833-5055

Fax Number: (818) 833-5080

Email Address: scottd@2-sight.com

6. Total number of applications and patents involved: 1**7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00**

- ☐ Authorized to be charged by credit card
☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-0922

Authorized User Name Scott B. Dunbar

9. Signature:


Signature

1/16/08

Date

Scott B. Dunbar

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

CH \$40.00 500922 11926034



State of California
Kevin Shelley
Secretary of State

OTHER BUSINESS ENTITY
CERTIFICATE OF MERGER

(Corporations Code Sections 1113(g)(1) and (2), 8019.1, 8019.1 and 12540.1)

Filing Fee - Please see instructions.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. Name of surviving entity: Second Sight Medical Products, Inc.	2. Type of entity: corporation	3. Secretary of State File Number: 2536744	4. Jurisdiction: California
5. Name of disappearing entity: Second Sight, LLC	6. Type of entity: LLC	7. Secretary of State File Number: 199833710047	8. Jurisdiction: Delaware
9. Future effective date, if any: July 31, 2003			

10. If a vote was required enter the outstanding interests of each class entitled to vote on the merger and the percentage of vote required:

Surviving Entity	Percentage of vote required	Disappearing Entity	Percentage of vote required
Each class entitled to vote		Each class entitled to vote	
common 100 shares	more than 50%	7 members 100% of membership	more than 50%
		4,249,998 units	

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.

If equity securities of a parent party are to be issued in the merger:

☐ No vote of the shareholders of the parent party was required. ☐ The required vote of the shareholders of the parent party was obtained.

SECTION 13 IS ONLY APPLICABLE IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, DOMESTIC LIMITED PARTNERSHIP OR PARTNERSHIP.

13. Requisite changes to the information set forth in the Articles of Organization, Certificate of Limited Partnership or Statement of Partnership Authority of the surviving limited liability company, limited partnership or partnership resulting from the merger. Attach additional pages, if necessary.

SECTION 14 IS APPLICABLE IF THE SURVIVING ENTITY IS AN OTHER BUSINESS ENTITY.

14. Principal business address of the surviving other business entity:

Address: **12744 San Fernando Road, Bldg. 3**
 City: **Sylmar** State: **California** Zip: **91342**

15. 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.

16. Statutory or other basis under which each foreign other business entity is authorized to effect the merger:
Delaware Limited Liability Company Act Section 18-209

17. Number of pages attached, if any: **-0-**

18. 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.

[Signature] 7/1/03
 Signature of Authorized Person for the Surviving Entity Date

Robert Greenberg, President
 Type or Print Name and Title of Person Signing Date

[Signature] 7/1/03
 Signature of Authorized Person for the Surviving Entity Date

ARM MiniMed Corp., Manager
 Type or Print Name and Title of Person Signing Date

[Signature] 7/1/03
 Signature of Authorized Person for the Disappearing Entity Date

By: Alfred E. Mann, President
 Type or Print Name and Title of Person Signing

For an entity that is a business trust, real estate investment trust or an unincorporated association, set forth the provision of the governing instrument or other basis for the authority of the person signing.



FORM 005 (Rev. 1/03) - Applicable to all other business entities