

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Precision Entry, Inc.	12/11/2007
RECEIVING PARTY DATA	
Name:	ProVia Door, Inc.
Street Address:	2150 State Route 39
City:	Sugarcreek
State/Country:	OHIO
Postal Code:	44681-9201
PROPERTY NUMBERS Total: 4	
Property Type	Number
Patent Number:	5803145
Application Number:	11803764
Application Number:	11901356
Application Number:	11796420
CORRESPONDENCE DATA	
Fax Number:	(330)244-1173
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>
Phone:	330-244-1174
Email:	info@sandandsebolt.com
Correspondent Name:	Joseph A. Sebolt
Address Line 1:	4940 Munson Street, N. W.
Address Line 2:	Aegis Tower - Suite 1100
Address Line 4:	Canton, OHIO 44718-3615
ATTORNEY DOCKET NUMBER:	1533002US1AP - 006
NAME OF SUBMITTER:	Joseph A. Sebolt

OP \$160.00 5803145

Total Attachments: 3

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/13/2007	200734601498	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

THOMAS H. HISRICH ATTY
121 W. 4TH ST.
DOVER, OH 44622

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

680768

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

PROVIA DOOR, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200734601498

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 11th day of December,
A.D. 2007.

Ohio Secretary of State

3303430709

From: 3303430709
THOMAS H HISRICHT ATT

Page: 3/4

Date: 12/11/2007 1:35:17 PM
02:36:03 p.m.

12-11-2007

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Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 1329 Columbus, OH 43266

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

2007 DEC 11 PM 1:43

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	PLEASE READ INSTRUCTIONS	(2) Domestic Non-Profit <input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (128-AMD)
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Complete the general information in this section for the box checked above.

Name of Corporation PRECISION ENTRY, INC.

Charter Number 680768

Name of Officer WILLIAM R. MULLET

Title PRESIDENT

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (non-profit amended articles only)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: ProVia Door, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

 (city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
 (Does not apply to box (2))

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See instructions)



Authorized Representative

WILLIAM R. MULLET, PRESIDENT
(Print Name)

December 11, 2007

Date

Authorized Representative

(Print Name)

Date