

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
Sherwood Information Partners, Inc.	01/28/2008
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	Sherwood Information Partners, Inc.
<b>Street Address:</b>	1120 West 122nd Avenue, Suite 300
<b>City:</b>	Westminster
<b>State/Country:</b>	COLORADO
<b>Postal Code:</b>	80234
<b>Name:</b>	Atrato, Inc.
<b>Street Address:</b>	10955 Westmoor Drive, Suite 300
<b>City:</b>	Westminster
<b>State/Country:</b>	COLORADO
<b>Postal Code:</b>	80021
<b>PROPERTY NUMBERS Total: 3</b>	
<b>Property Type</b>	<b>Number</b>
Patent Number:	7349205
Patent Number:	7359188
Patent Number:	7319586
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(952)435-0299
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
<b>Phone:</b>	(952) 435-0200
<b>Email:</b>	CLemaire@LPatent.com
<b>Correspondent Name:</b>	Lemaire Patent Law Firm, P.L.L.C.
<b>Address Line 1:</b>	P.O. Box 1818
<b>Address Line 4:</b>	Burnsville, MINNESOTA 55337

**CH \$120.00 7349205**

**PATENT**

ATTORNEY DOCKET NUMBER:

5001.001US2 001US3 001US7

NAME OF SUBMITTER:

Gregory A. Lemaire

**Total Attachments: 8**

source=Atrato - CO qualification Name change#page1.tif

source=Atrato - CO qualification Name change#page2.tif

source=Atrato - CO qualification Name change#page3.tif

source=Atrato - CO qualification Name change#page4.tif

source=Atrato - CO filed Qualification Registered and Mailing Address change#page1.tif

source=Atrato - CO filed Qualification Registered and Mailing Address change#page2.tif

source=Atrato - CO filed Qualification Registered and Mailing Address change#page3.tif

source=Atrato - CO filed Qualification Registered and Mailing Address change#page4.tif

Document processing fee  
If document is filed on paper \$10.00  
If document is filed electronically Currently Not Available

20081055567 C  
\$ 160.00  
SECRETARY OF STATE  
01-28-2008 15:21:18

Fees & forms/cover sheets  
are subject to change.  
To file electronically, access instructions  
for this form/cover sheet and other  
information or print copies of filed  
documents, visit [www.sos.state.co.us](http://www.sos.state.co.us)  
and select Business Center.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

### Statement of Change

filed pursuant to §7-90-301, et seq. and §7-90-305.5 or §7-90-604 or §7-90-701 or §7-90-702 or §7-90-705 or §7-90-804 of the Colorado Revised Statutes (C.R.S)

ID number: 20041455740

1. Entity name:

Sherwood Information Partners, Inc.

2. True name:  
(if different from the entity name)

Complete lines 3 - 15 as applicable. You must complete line 16.

3. Resignation of registered agent of record:

Date on which agent resigned: \_\_\_\_\_  
(mm/dd/yyyy)

Registered agent: (if an individual) \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

Registered agent street address: \_\_\_\_\_  
(Street name and number)

\_\_\_\_\_ CO \_\_\_\_\_  
(City) (State) (Postal/Zip Code)

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

4. Appointment of new registered agent following resignation of registered agent of record:

Registered agent: (if an individual) \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

The person appointed as registered agent in the document has consented to being so appointed.

Registered agent street address:

\_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_  
*(City)* CO *(State)* *(Postal/Zip Code)*

Registered agent mailing address:  
(if different from above)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City)* *(State)* *(Postal/Zip Code)*  
\_\_\_\_\_  
*(Province - if applicable)* *(Country - if not US)*

5. Change of registered agent name and/or address of record:

Registered agent: (if an individual)

\_\_\_\_\_  
*(Last)* *(First)* *(Middle)* *(Suffix)*

OR (if a business organization)

The person appointed as registered agent in the document has consented to being so appointed.

Registered agent street address:

\_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_  
*(City)* CO *(State)* *(Postal/Zip Code)*

Registered agent mailing address:  
(if different from above)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City)* *(State)* *(Postal/Zip Code)*  
\_\_\_\_\_  
*(Province - if applicable)* *(Country - if not US)*

If the change is being effected by the registered agent, the following statement applies:

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

6. Change of principal office address of record:

New principal office  
street address:

\_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_  
*(City)* *(State)* *(Postal/Zip Code)*

\_\_\_\_\_  
*(Province - if applicable)* *(Country - if not US)*

New principal office  
mailing address:  
(if different from above)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(Province - if applicable) (Country - if not US)

7. Document number:  
(required for change(s) to 8, 9, 10, 11,  
and/or 12 below)

20041455740

8. Change of entity name of record (LLP, art. 61 LLLP or foreign entity only):

New entity name:

Atrato, Inc.

9. Change of true name of record (LLP, art. 61 LLLP, general partnership or foreign entity only):

New true name:

10. Change of jurisdiction of formation of record (foreign entity only):

New jurisdiction of formation:

11. Change of entity form of record (foreign entity only):

New entity form:

12. Other change(s) not provided for above:

If other information contained in the filed document is being changed, mark this box  and include an attachment stating the information to be changed and each such change.

If other information is being added or deleted, mark this box  and include an attachment stating each addition or deletion.

13. Withdrawal of Statement of Registration of True Name: (if applicable, mark this box )

14. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):

- "bank" or "trust" or any derivative thereof  
 "credit union"  "savings and loan"  
 "insurance", "casualty", "mutual", or "surety"

15. (Optional) Delayed effective date:

\_\_\_\_\_  
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Peterson	Paula		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
2800 LaSalle Plaza			
<i>(Street name and number or Post Office Box information)</i>			
800 LaSalle Avenue			
Minneapolis	MN	55402-2015	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
<i>(Province – if applicable)</i>	<i>(Country – if not US)</i>		

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

Document processing fee

If document is filed on paper

\$10.00

If document is filed electronically

Currently Not Available

Fees & forms/cover sheets

are subject to change.

To file electronically, access instructions

for this form/cover sheet and other

information or print copies of filed

documents, visit [www.sos.state.co.us](http://www.sos.state.co.us)

and select Business Center.

20081285137 C

\$ 160.00

SECRETARY OF STATE

05-27-2008 11:52:08

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

**Statement of Change**

filed pursuant to §7-90-301, et seq. and §7-90-305.5 or §7-90-604 or §7-90-701 or §7-90-702 or §7-90-705 or §7-90-804 of the Colorado Revised Statutes (C.R.S)

ID number:

20041455740

1. Entity name:

Atrato, Inc.

2. True name:

(if different from the entity name)

**Complete lines 3 - 15 as applicable. You must complete line 16.**

3. Resignation of registered agent of record:

Date on which agent resigned:

\_\_\_\_\_  
(mm/dd/yyyy)

Registered agent: (if an individual)

OR (if a business organization)

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Suffix)

Registered agent street address:

\_\_\_\_\_  
(Street name and number)

\_\_\_\_\_  
(City)

CO

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Postal/Zip Code)

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

4. Appointment of new registered agent following resignation of registered agent of record:

Registered agent: (if an individual)

OR (if a business organization)

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Suffix)

The person appointed as registered agent in the document has consented to being so appointed.

Registered agent street address:

\_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_  
 \_\_\_\_\_ **CO** \_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

Registered agent mailing address:  
(if different from above)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
 \_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country - if not US)*

5. Change of registered agent name and/or address of record:

Registered agent: (if an individual)

**McCormick** **Dan** \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

OR (if a business organization)

The person appointed as registered agent in the document has consented to being so appointed.

Registered agent street address:

**10955 Westmoor Drive**  
*(Street name and number)*

**Suite 300**

**Westminster** **CO** **80021**  
*(City) (State) (Postal/Zip Code)*

Registered agent mailing address:  
(if different from above)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
 \_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country - if not US)*

If the change is being effected by the registered agent, the following statement applies:

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

6. Change of principal office address of record:

New principal office  
street address:

**10955 Westmoor Drive**  
*(Street name and number)*

**Suite 300**

**Westminster** **CO** **80021**  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country - if not US)*

New principal office  
mailing address:  
(if different from above)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Postal/Zip Code)

\_\_\_\_\_  
(Province – if applicable)

\_\_\_\_\_  
(Country – if not US)

7. Document number:  
(required for change(s) to 8, 9, 10,  
and/or 11 below)

\_\_\_\_\_

8. Change of entity name of record (LLP, art. 61 LLLP or foreign entity only):

New entity name:

\_\_\_\_\_

9. Change of true name of record (LLP, art. 61 LLLP, general partnership or foreign entity only):

New true name:

\_\_\_\_\_

10. Change of jurisdiction of formation of record (foreign entity only):

New jurisdiction of formation:

\_\_\_\_\_

11. Change of entity form of record (foreign entity only):

New entity form:

\_\_\_\_\_

12. Other change(s) not provided for above:

If other information contained in the filed document is being changed, mark this box  and include an attachment stating the information to be changed and each such change.

If other information is being added or deleted, mark this box  and include an attachment stating each addition or deletion.

13. Withdrawal of Statement of Registration of True Name: (if applicable, mark this box )

14. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):

- "bank" or "trust" or any derivative thereof  
 "credit union"       "savings and loan"  
 "insurance", "casualty", "mutual", or "surety"

15. (Optional) Delayed effective date:

\_\_\_\_\_  
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Peterson	Paula	L.	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
Robins, Kaplan, Miller & Ciresi L.L.P.			
<i>(Street name and number or Post Office Box information)</i>			
800 LaSalle Avenue, 2800 LaSalle Plaza			
Minneapolis	MN	55402	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
<i>(Province - if applicable)</i>		<i>(Country - if not US)</i>	

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.