

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	05/30/2008		
CONVEYING PARTY DATA			
Name		Execution Date	
The Boppy Company		05/30/2008	
RECEIVING PARTY DATA			
Name:	BAS, LLC		
Street Address:	560 Golden Ridge Road		
City:	Golden		
State/Country:	COLORADO		
Postal Code:	80401		
PROPERTY NUMBERS Total: 1			
Property Type	Number		
Application Number:	11330760		
CORRESPONDENCE DATA			
Fax Number:	(415)576-0300		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
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ATTORNEY DOCKET NUMBER:	017242-010930US		
NAME OF SUBMITTER:	Darin J. Gibby		
Total Attachments: 5 source=017242 - Merger#page1.tif source=017242 - Merger#page2.tif			

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REEL: 022263 FRAME: 0735

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SECRETARY OF STATE

05-30-2008 07:36:27

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Statement of Merger

(Surviving Entity is a Domestic Entity)

filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number

19891005534

(Colorado Secretary of State ID number)

Entity name or true name

The Boppy Company

Form of entity

Corporation

Jurisdiction

Colorado

Street address

560 Golden Ridge Road, Suite 150

(Street number and name)

Golden

(City)

CO

(State)

80401

(ZIP/Postal Code)

(Province – if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

ID Number

(Colorado Secretary of State ID number)

Entity name or true name

Form of entity

Jurisdiction

Street address

(Street number and name)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

ID Number

(Colorado Secretary of State ID number)

Entity name or true name

Form of entity

Jurisdiction

Street address

(Street number and name)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐

There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number

20081184283

(Colorado Secretary of State ID number)

Entity name or true name

BAS, LLC

Form of entity

Limited Liability Company

Jurisdiction

Colorado

Street address

560 Golden Ridge Road, Suite 150

(Street number and name)

Golden

(City)

CO

(State)

80401

(ZIP/Postal Code)

(Province – if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. Each merging entity has been merged into the surviving entity.

4. (If the following statement applies, adopt the statement by marking the box.)

☒ The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. (If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)

☐ One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number

Document number

Document number

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are

(mm/dd/yyyy hour:minute am/pm)

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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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such 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 identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Boonstra		Brian	
(Last)	(First)	(Middle)	(Suffix)
1550 17th Street, Suite 500			
(Street number and name or Post Office Box information)			
Denver		CO	80202
(City)	(State)	(ZIP/Postal Code)	
(Province - if applicable)		(Country)	

(If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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DEPARTMENT OF STATE

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Secretary of State

By _____
Date _____





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DEPARTMENT OF STATE

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Mike Coffman

Secretary of State

Carolyn Snook 06/24/2008
By Date