

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
BAS, LLC	05/30/2008
RECEIVING PARTY DATA	
Name:	The Boppy Company, LLC
Street Address:	560 Golden Ridge Road
City:	Golden
State/Country:	COLORADO
Postal Code:	80401
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11764107
CORRESPONDENCE DATA	
Fax Number:	(415)576-0300
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	303-571-4000
Email:	djgibby@townsend.com
Correspondent Name:	Darin J. Gibby
Address Line 1:	Townsend and Townsend and Crew LLP
Address Line 2:	Two Embarcadero Center, Eighth Floor
Address Line 4:	San Francisco, CALIFORNIA 94111-3834
ATTORNEY DOCKET NUMBER:	017242-008460US
NAME OF SUBMITTER:	Darin J. Gibby
Total Attachments: 3	
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CH \$40.00 11764107

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SECRETARY OF STATE
05-30-2008 07:38:12

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Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 20081184283

1. Entity name: BAS, LLC
(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name: (if applicable) The Boppy Company, LLC

3. 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"

4. Other amendments, if any, are attached.

5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

OR

If the limited liability company's period of duration as amended is perpetual, mark this box:

6. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

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Boonstra Brian
(Last) *(First)* *(Middle)* *(Suffix)*

1550 17th Street Suite 500
(Street name and number or Post Office Box information)

Davis Graham & Stubbs LLP

Denver CO 80202
(City) *(State)* *(Postal/Zip Code)*

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

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DEPARTMENT OF STATE

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[Signature]
Secretary of State

By _____
Date _____





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Secretary of State

By Carolyn Snook 06/24/2008
Date