

03-04-2009

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



103550699

R

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)**

PERCUSSIVE INNOVATIONS, LLC

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

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

Execution Date(s) 09/27/2007

- ☐ 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: FACTORY METAL PERCUSSIONS, LLC

Internal Address: \_\_\_\_\_

Street Address: 14420 Marquardt Avenue

City: Santa Fe Springs

State: CA

Country: USA Zip: 90670

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)

1. 10/940,178  
2. 29/213,113

B. Patent No.(s)

1. 7,199,297 B2  
2. D523,466 S

Additional numbers attached? ☐ Yes ☒ No

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

Name: Jay D. Fullman

Internal Address: \_\_\_\_\_

Street Address: 800 S. Beach Blvd., Ste. A

City: La Habra

State: CA Zip: 90631

Phone Number: 562-694-6005

Fax Number: 562-697-7700

Email Address: jdfullman@mminternet.com

**6. Total number of applications and patents involved:** 2

**7. Total fee (37 CFR 1.21(h) & 3.41)** \$ 80.00

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

**8. Payment Information**

Deposit Account Number 03/03/2009 NJAMA1 00000057 10940178

Authorized User Name 01 FC:0021

80.00 OP

**9. Signature:**

Jay D. Fullman

Name of Person Signing

Feb. 26, 2009

Date

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

3

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

**PATENT**  
**REEL: 022352 FRAME: 0603**

**State of California**  
**Secretary of State**



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 02 2007

A handwritten signature in cursive script that reads "Debra Bowen".

DEBRA BOWEN  
Secretary of State



State of California  
Secretary of State

LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

SEP 20 2007

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200416010068	2. NAME OF LIMITED LIABILITY COMPANY PERCUSSIVE INNOVATIONS, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.  A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.") FACTORY METAL PERCUSSION, LLC  B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): <input checked="" type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)  C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:  D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.	
4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR	
5. NUMBER OF PAGES ATTACHED, IF ANY:	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.  SIGNATURE OF AUTHORIZED PERSON JAMES ANDERSON, MEMBER - MANAGER TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON  DATE AUGUST 28, 2007	



7. RETURN TO: NAME JAY D. FULLMAN, ESQ. FIRM JAY D. FULLMAN A PROFESSIONAL CORPORATION ADDRESS 800 SOUTH BEACH BOULEVARD, SUITE A CITY/STATE LA HABRA, CA ZIP CODE 90631
---