

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
AND, LLC	04/16/2009

RECEIVING PARTY DATA

Name:	AMPT, LLC
Street Address:	4850 Innovation Drive
City:	Fort Collins
State/Country:	COLORADO
Postal Code:	80525

PROPERTY NUMBERS Total: 9

Property Type	Number
Application Number:	12363709
PCT Number:	US0879605
PCT Number:	US0857105
PCT Number:	US0880794
Application Number:	60982053
PCT Number:	US0860345
Application Number:	60986979
Application Number:	60980157
PCT Number:	US0870506

CORRESPONDENCE DATA

Fax Number: (970)224-3175

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 9702243100

Email: cheryls@idea-asset.com

Correspondent Name: Santangelo Law Offices, P.C.

Address Line 1: 125 South Howes Third Floor

OP \$360.00 12363709

500841726

PATENT
REEL: 022583 FRAME: 0336

Address Line 4: Fort Collins, COLORADO 80521

ATTORNEY DOCKET NUMBER:

AMPT-GENERAL

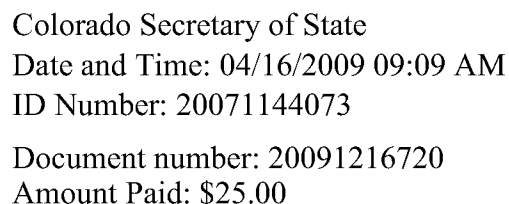
NAME OF SUBMITTER:

Cheryl A. Swanson

Total Attachments: 2

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

ID number: 20071144073

1. Entity name: AND, LLC

(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name: AMPT, LLC
(if applicable)

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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Diehl	David		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
P.O. Box 481			
<small>(Street name and number or Post Office Box information)</small>			
Fort Collins		CO	80522
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
United States			
<small>(Province – if applicable)</small>		<small>(Country – if not US)</small>	

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