

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	02/05/2007

**CONVEYING PARTY DATA**

Name	Execution Date
IAS, L.L.C.	02/01/2007

**RECEIVING PARTY DATA**

Name:	Mykotronx, Inc.
Street Address:	359 Van Ness Way
City:	Torrance
State/Country:	CALIFORNIA
Postal Code:	90501

**PROPERTY NUMBERS Total: 2**

Property Type	Number
Application Number:	11191755
Application Number:	11191552

**CORRESPONDENCE DATA**

Fax Number: (215)988-2757  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Email: karen.spina@dbr.com  
 Correspondent Name: Gregory J. Lavorgna  
 Address Line 1: One Logan Sq., 18th and Cherry Streets  
 Address Line 2: Drinker Biddle & Reath LLP  
 Address Line 4: Philadelphia, PENNSYLVANIA 19103-6996

NAME OF SUBMITTER:	Gregory J. Lavorgna
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Total Attachments: 4  
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 source=Merger#page2.tif  
 source=Merger#page3.tif

**CH \$80.00 11191755**

**500889803**

**PATENT  
 REEL: 022844 FRAME: 0723**



A0657804

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



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

That the attached transcript of 3 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

MAR 8 2007

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

A0657804

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

**STATE OF CALIFORNIA**

**FEB - 5 2007**

**AGREEMENT OF MERGER**

This Agreement of Merger is entered into between Mykotronx, Inc., a California corporation (herein "Surviving Corporation") and IAS, L.L.C., a California limited liability company, (herein "Merging Company").

1. Merging Company shall be merged into Surviving Corporation.
2. The outstanding shares of Merging Company shall be cancelled without consideration.
3. The outstanding shares of Surviving Corporation shall remain outstanding and are not affected by the merger.
4. Merging Company shall from time to time, as and when requested by Surviving Corporation, execute and deliver all such documents and instruments and take all such action necessary or desirable to evidence or carry out this merger.
5. The effect of the merger and the effective date of the merger are as prescribed by law.

IN WITNESS WHEREOF the parties have executed this Agreement.

MYKOTRONX, INC.

  
\_\_\_\_\_  
Jim Summers, President

  
\_\_\_\_\_  
Kevin Hicks, Secretary

IAS, L.L.C.

  
\_\_\_\_\_  
Jim Summers, President IAS CHAIRMAN

  
\_\_\_\_\_  
Kevin Hicks, Secretary

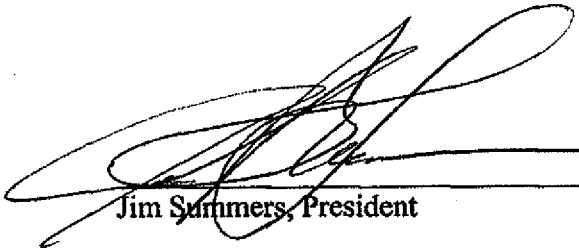
**STATE OF CALIFORNIA  
CERTIFICATE OF APPROVAL  
OF AGREEMENT OF MERGER**

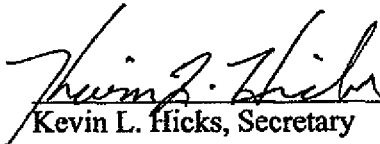
Mykotronx, Inc. and IAS, L.L.C. certify that:

1. They are the president and the secretary, respectively, of Mykotronx, Inc., a California corporation.
2. The Agreement of Merger in the form attached was duly approved by the board of directors and shareholders of the corporation which equaled the vote required.
3. The shareholder approval was by the holders of 100 % of the outstanding shares of the corporation.
4. There is only one class of shares and the number of shares outstanding entitled to vote on the merger is 1,000.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: 1 FEB 07

  
\_\_\_\_\_  
Jim Summers, President

  
\_\_\_\_\_  
Kevin L. Hicks, Secretary



State of California Secretary of State

OBE MERG

CERTIFICATE OF MERGER

(Corporations Code sections 1113(g), 6019.1, 8019.1, 9840, 12540.1, 15678.4, 16915(b) and 17552)

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

Table with 4 columns: 1. NAME OF SURVIVING ENTITY, 2. TYPE OF ENTITY, 3. CA SECRETARY OF STATE FILE NUMBER, 4. JURISDICTION, 5. NAME OF DISAPPEARING ENTITY, 6. TYPE OF ENTITY, 7. CA SECRETARY OF STATE FILE NUMBER, 8. JURISDICTION.

9. THE PRINCIPAL TERMS OF THE AGREEMENT OF MERGER WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, SPECIFY THE CLASS AND THE NUMBER OF OUTSTANDING INTERESTS OF EACH CLASS ENTITLED TO VOTE ON THE MERGER AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS. ATTACH ADDITIONAL PAGES, IF NECESSARY.

Table with 2 main sections: SURVIVING ENTITY and DISAPPEARING ENTITY. Columns include CLASS AND NUMBER AND PERCENTAGE VOTE REQUIRED.

10. IF EQUITY SECURITIES OF A PARENT PARTY ARE TO BE ISSUED IN THE MERGER, CHECK THE APPLICABLE STATEMENT.

No vote of the shareholders of the parent party was required. The required vote of the shareholders of the parent party was obtained.

11. IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR PARTNERSHIP, PROVIDE THE REQUISITE CHANGES (IF ANY) TO THE INFORMATION SET FORTH IN THE SURVIVING ENTITY'S ARTICLES OF ORGANIZATION, CERTIFICATE OF LIMITED PARTNERSHIP OR STATEMENT OF PARTNERSHIP AUTHORITY RESULTING FROM THE MERGER. ATTACH ADDITIONAL PAGES, IF NECESSARY.

12. IF A DISAPPEARING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR PARTNERSHIP, AND THE SURVIVING ENTITY IS NOT A DOMESTIC ENTITY OF THE SAME TYPE, ENTER THE PRINCIPAL ADDRESS OF THE SURVIVING ENTITY.

PRINCIPAL ADDRESS OF SURVIVING ENTITY CITY AND STATE ZIP CODE
359 Van Ness Way Torrance, California 90501

13. OTHER INFORMATION REQUIRED TO BE STATED IN THE CERTIFICATE OF MERGER BY THE LAWS UNDER WHICH EACH CONSTITUENT OTHER BUSINESS ENTITY IS ORGANIZED. ATTACH ADDITIONAL PAGES, IF NECESSARY.

14. STATUTORY OR OTHER BASIS UNDER WHICH A FOREIGN OTHER BUSINESS ENTITY IS AUTHORIZED TO EFFECT THE MERGER.

15. FUTURE EFFECTIVE DATE, IF ANY

(Month) (Day) (Year)

16. ADDITIONAL INFORMATION SET FORTH ON ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE PART OF THIS CERTIFICATE.

17. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON FOR THE SURVIVING ENTITY DATE 21 - Feb - 07

Kevin L. Hicks, Secretary TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON FOR THE SURVIVING ENTITY DATE 21 - Feb - 07

James Summers, President TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

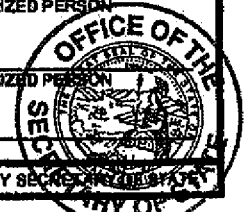
SIGNATURE OF AUTHORIZED PERSON FOR THE DISAPPEARING ENTITY DATE 21 - Feb - 07

James Summers, Director TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON FOR THE DISAPPEARING ENTITY DATE

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

For an entity that is a business trust, real estate investment trust or an unincorporated association, set forth the provision of law or other basis for the authority of the person signing:



OBE MERGER-1 (REV 09/2006)

APPROVED BY SECRETARY OF STATE