


Form **PTO-1595** (Rev. 03-09)
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1. Name of conveying party(ies): Coldspark, LLC Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>ColdSpark, Inc.</u> Internal Address: _____ Street Address: _____ 10901 West 120th Avenue Suite 345 City: <u>Broomfield</u> State: <u>Colorado</u> Country: <u>United States of America</u> Zip: <u>80021</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance/Execution Date(s): Execution Date(s): <u>March 20, 2006</u> <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Change of Name <input type="checkbox"/> Security Agreement <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>10/876,964</u> <u>12/511,436</u> B. Patent No.(s) <u>7,584,251</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Ross T. Robinson</u> <u>WINSTEAD PC</u> Internal Address: Atty. Dkt.: <u>50439-P010US</u> Street Address: <u>P.O. Box 50784</u> City: <u>Dallas</u> State: <u>TX</u> Zip: <u>75201</u> Phone Number: <u>(214) 745-5185</u> Fax Number: <u>(214) 745-5390</u> Email Address: <u>rrobinson@winstead.com</u>	6. Total number of applications and patents involved: 3 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>120.00</u> <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)
8. Payment Information Deposit Account Number <u>23-2426</u> Authorized User Name <u>Ross T. Robinson</u>	
9. Signature: <div style="text-align: center;">  Signature </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <u>Ross T. Robinson - 47,031</u> Name of Person Signing </div> <div> <u>June 9, 2010</u> Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Total number of pages including cover sheet, attachments, and documents: 5 </div> </div>	

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Statement of Merger

filed pursuant to §7-90-301, et seq. and §7-90-203 Colorado Revised Statutes (C.R.S.)

**1. Entity name or true name of each
merging entity
(other than the surviving entity)**Coldspark LLC*(Enter name exactly as it appears in the records of the secretary of state if applicable)***Form of entity**Limited Liability Company**Jurisdiction under which the
entity was formed**Colorado**ID number (if applicable)**20014163248**Principal office street address:**10901 West 120th Avenue*(Street name and number)*Suite 345BroomfieldCO80021*(City)**(State)**(Postal/Zip Code)**(Province - if applicable)**(Country - if not US)***Principal office mailing address
(if different from above)***(Street name and number or Post Office Box information)**(City)**(State)**(Postal/Zip Code)**(Province - if applicable)**(Country - if not US)***Entity name or true name
(other than the surviving entity)***(Enter name exactly as it appears in the records of the secretary of state if applicable)***Form of entity****Jurisdiction under which the
entity was formed****ID number (if applicable)**

MERGE

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Principal office street address

(Street name and number)

(City)

(State)

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

Principal office mailing address
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(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

Entity name or true name
(other than the surviving entity)

(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity

Jurisdiction under which the
entity was formed

ID number (if applicable)

Principal office street address

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(State)

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(Province - if applicable)

(Country - if not US)

Principal office mailing address
(if different from above)

(Street name and number or Post Office Box information)

(City)

(State)

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(Province - if applicable)

(Country - if not US)

(If there are more than three merging entities, mark this box ☐ and include an attachment stating the entity name, ID number, and the principal office address of each additional merging entity.)

2. Entity name of the surviving entity

ColdSpark, Inc.

(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity

Corporation

Jurisdiction under which the
entity was formed

Delaware

ID number (if applicable) _____

Principal office street address

10901 West 120th Avenue

(Street name and number)

Suite 345

Broomfield

(City)

CO

(State)

80021

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

Principal office mailing address
(if different from above)

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province - if applicable)

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3. The merging entities are merged into the surviving entity.

4. If 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, mark this box ☐ and state below the document number of each such filed document.

Document number _____

Document number _____

(If more than two trademarks, mark this box ☐ and include an attachment stating the additional document numbers.)

5. Additional information may be included. If applicable, mark this box ☐ and include an attachment stating the additional information.

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(City)

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94025

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