

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
Telematrix, Inc.	02/12/2010
RECEIVING PARTY DATA	
Name:	Cetis, Inc.
Street Address:	5025 Galley Road
City:	Colorado Springs
State/Country:	COLORADO
Postal Code:	80915
PROPERTY NUMBERS Total: 5	
Property Type	Number
Patent Number:	D608336
Patent Number:	D608335
Patent Number:	D608337
Patent Number:	D608316
Patent Number:	D609211
CORRESPONDENCE DATA	
Fax Number:	(612)288-9696
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	612-335-5070
Email:	russek@fr.com
Correspondent Name:	Geoffrey P. Shipsides
Address Line 1:	60 South Sixth Street
Address Line 2:	#3200 RBC Plaza
Address Line 4:	Minneapolis, MINNESOTA 55402
ATTORNEY DOCKET NUMBER:	10569
NAME OF SUBMITTER:	Geoffrey P. Shipsides

CH \$200.00 D608336

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PATENT
REEL: 024794 FRAME: 0063

Total Attachments: 2

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**Statement of Change Changing Information Other Than Principal Office Address
or Registered Agent Information**

filed pursuant to §7-90-305.5 and, if applicable, §7-90-804 of the Colorado Revised Statutes (C.R.S.)

ID number: 20061516678

1. Entity name: Telematrix, Inc.

2. True name:
(if different from the entity name) _____

Complete lines 3 - 9 as applicable. You must complete section 10.

3. Document number: 20061516678
(required for change(s) to 4, 5, 6, 7
and/or 8 below)

4. Change of entity name of record (LLP, art. 61 LLLP or foreign entity only):
New entity name: _____

5. Change of true name of record (LLP, art. 61 LLLP, general partnership or foreign entity only):
New true name: CETIS, Inc.

6. Change of jurisdiction of formation of record (foreign entity only):
New jurisdiction of formation: _____

7. Change of entity form of record (foreign entity only):
New entity form: _____

8. Other change(s) not provided for above:

If other information contained in the filed document is being changed, mark this box ☐ and include an attachment stating the information to be changed and each such change.

If other information is being added or deleted, mark this box ☐ and include an attachment stating each addition or deletion.

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

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10. The true name and mailing address of the individual causing this document to be delivered for filing are

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(Street number and name or Post Office Box information)			
Champaign	IL	61820	
(City)	(State)	(ZIP/Postal Code)	
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