

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
EnerG2 LLC	08/26/2008
RECEIVING PARTY DATA	
Name:	EnerG2, Inc.
Street Address:	100 Northeast Northlake Way
Internal Address:	Suite 300
City:	Seattle
State/Country:	WASHINGTON
Postal Code:	98105
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11284140
CORRESPONDENCE DATA	
Fax Number:	(206)682-6031
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	206-622-4900
Email:	angiel@SeedIP.com
Correspondent Name:	Eric A. Harwood, Ph.D.
Address Line 1:	701 Fifth Avenue
Address Line 2:	Suite 5400
Address Line 4:	seattle, WASHINGTON 98104
ATTORNEY DOCKET NUMBER:	310165.402
NAME OF SUBMITTER:	Eric A. Harwood, Ph.D.
Total Attachments: 2 source=310165 Change#page1.tif source=310165 Change#page2.tif	

CH \$40.00 11284140



**STATE OF WASHINGTON
SECRETARY OF STATE**

**CERTIFICATE OF AUTHORITY
FOREIGN PROFIT CORPORATION**

(Per Chapter 23B.15 RCW)

FEE: \$175

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

FILED
SECRETARY OF STATE

JUN 26 2008

**EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

WASHINGTON / / UBI: 602 843 676

CORPORATION NUMBER:

IMPORTANT! Person to contact about this filing Brian Woodard	Daytime Phone Number (with area code) 206-389-4285
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NAME OF CORPORATION (As Recorded in the State/Country of Incorporation) EnerG2, Inc.	ORIGINALLY INCORPORATED DE IN: State/Country _____ ON: Date 6/5/08
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NOTE: If the name listed above is unavailable in Washington state or does not meet the requirements of 23B.15 RCW, please provide the name the corporation adopts for use in Washington State. You must also attach a Board of Directors Resolution approving the use of an alternate name.

NAME THE CORPORATION ADOPTS FOR USE IN WASHINGTON STATE EnerG2 Washington, Inc.	APPROVED BY DIRECTORS <input checked="" type="checkbox"/> Resolution Attached
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PRINCIPAL OFFICE ADDRESS OF CORPORATION (Street Address Required - Please Do Not Use PO Box) Address 810 3rd Avenue, Suite 120	
City Seattle	State or Country WA ZIP or Postal Code 98104

EFFECTIVE DATE OF CERTIFICATE OF AUTHORITY (Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State) <input type="checkbox"/> Specific Date: _____ <input checked="" type="checkbox"/> Upon filing by the Secretary of State	PERIOD OF DURATION (Check one only) <input checked="" type="checkbox"/> Perpetual <input type="checkbox"/> _____ Years (Indicate number of years)	DATE CORPORATION BEGAN DOING BUSINESS IN WASHINGTON STATE Date 6/25/08
CERTIFICATE OF EXISTENCE <input checked="" type="checkbox"/> Attached is an original Certificate of Existence, issued no more than 60 days prior to this application, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of incorporation.		

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT Name Corporation Service Company	
Street Address (Required) 6500 Harbour Heights Pkwy, Suite 400 City Mukilteo State WA ZIP 98275	
PO Box (Optional - Must be in same city as street address) _____ ZIP (If different than street ZIP) _____	
I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.	
Corporation Service Company By: See Attached Signature of Agent _____ Printed Name _____ Date _____	

NAMES AND ADDRESSES OF ALL CURRENT OFFICERS AND DIRECTORS (If necessary, attach additional names and addresses) Name See attached officers/directors rider	
Address _____ City _____ State _____ ZIP _____	

SIGNATURE OF OFFICER OR CHAIRPERSON This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.	
	John Robertson Assistant Secretary 6/25/08 Signature of Officer/Chairperson _____ Printed Name _____ Title _____ Date _____

CORPORATIONS INFORMATION AND ASSISTANCE - 360/753-7115 (TDD - 360/753-1485)

PATENT
REEL: 024795 FRAME: 0463

FOR OFFICE USE ONLY



STATE OF WASHINGTON
SECRETARY OF STATE

CERTIFICATE OF CANCELLATION/WITHDRAWAL OF A LIMITED LIABILITY COMPANY

SECRETARY OF STATE

FILED **SAM REED**

NO FILING FEE

08/28/2008

STATE OF WASHINGTON

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
901 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

- If expedited service is used, BE SURE TO INCLUDE FEE.
- Checks should be made payable to "Secretary of State"

EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTRY
INCLUDE FEE AND WRITE "EXPEDITED" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE

Important Person to contact about this filing Brian Woodard	Domestic Phone Number (with area code) (206) 389-4285
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CERTIFICATE OF CANCELLATION/WITHDRAWAL

NAME OF LIMITED LIABILITY COMPANY (LLC) TO BE CANCELLED/WITHDRAWN EnerG2 LLC
TYPE OF LLC (Check one) <input checked="" type="checkbox"/> Domestic (Formed in Washington State) <input type="checkbox"/> Foreign (Formed in any other state or jurisdiction)
DATE OF CERTIFICATE OF FORMATION OR REGISTRATION December 13, 2004
EFFECTIVE DATE OF CANCELLATION/WITHDRAWAL (Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State) <input type="checkbox"/> Specific Date: _____ <input checked="" type="checkbox"/> Upon filing by the Secretary of State
REASON FOR CANCELLATION/WITHDRAWAL To dissolve
ADDRESS WHERE SERVICE OF PROCESS MAY BE FORWARDED (Foreign LLCs ONLY) Street Address or PO Box _____ City _____ State _____ ZIP or Postal Code _____

>>> PLEASE ATTACH ANY OTHER INFORMATION THE LLC ELECTS TO INCLUDE <<<

SIGNATURE OF MEMBER/MANAGER	
<i>I certify under penalty of perjury under the laws of the State of Washington that I am authorized to sign on behalf of the Limited Liability Company (LLC) submitting this cancellation/withdrawal and that the foregoing is, to the best of my knowledge, true and correct.</i>	
	Eric Luebbe
Signature	Printed Name
Chief Executive Officer	8/26/08
Title	Date

PUBLIC DISCLOSURE NOTICE
All information provided to the Office of the Secretary of State is available for public inspection
INFORMATION AND ASSISTANCE - 360/753-7116 (TDD - 360/753-1485)

FOR OFFICIAL USE ONLY

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