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Inited	States	Patent a	and T	Trademar	k Offi	ce

DOCUMENT ID NO: RECORDATION FORM COVER SHEET						
03622549 PATENTS ONLY						
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.						
Name of conveying party(ies)	2. Name and address of receiving party(ies)					
	Name:Riordan Clinic, Inc.					
The Center for the Improvement of Human Functioning, Intl.	Internal Address:					
Additional name(s) of conveying party(ies) attached? Yes X No. 3. Nature of conveyance/Execution Date(s):	Street Address: 3100 N, Hillside					
Execution Date(s)April 4, 2011						
Assignment Merger						
Security Agreement X Change of Name	City: Wichita					
Joint Research Agreement	State:ks					
Government Interest Assignment						
Executive Order 9424, Confirmatory License	Country: USA Zip 67219					
Other	Additional name(s) & address(es) attached? Yes 🗵 No					
4. Application or patent number(s): This document is being filed together with a new application.						
A. Patent Application No.(s)	B. Patent No.(s) 5,639,787					
	6,284,786					
	6,448,287 6,436,411					
Additional numbers at	6,813,009 tached?					
5. Name and address to whom correspondence	6. Total number of applications and patents					
concerning document should be mailed:	involved: 5					
Name Tiffany Hurley	7. Total fee (37 CFR 1.21(h) & 3.41) \$200					
Internal Address:						
	Authorized to be charged to deposit account					
Street Address:3100 N. Hillside	★ Enclosed					
	None required (government interest not affecting title)					
City: Wichita	8. Payment Information					
State: <u>ks</u> Zip: 67219						
Phone Number: 316-927-4731						
Fax Number: <u>3196-682-5054</u>	Deposit Account Number					
Email Address: thurley@riordanclinic.org	Authorized User Name					
9. Signature: J. Hand Hurley						
Signature	Date					
Tiffany Hurley	Total number of pages including cover sheet, attachments, and documents:					
Name of Person Signing	such comparing the manufacture of a part of the property of the property of the comparing					

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1480, Alexandria, V.A. 22313-1450

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State: <u>ks</u> Zip: 67219			
Phone Number: 316-927-4731	04/14/2011 MTHAI1 00000034 5639787		
Fax Number: <u>3196-682-5054</u>	Deposit Associate Number		
Email Address: thurley@riordanclinic.org	Authorized User Name		
9. Signature:			
Signature	Date		
Tiffany Hurley	Total number of pages including cover		
Name of Person Signing	sheet, attachments, and documents		

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REEL: 026272 FRAME: 0020

(3)

Office of the Kansas Secretary of State

Name Change Amendment

Electronic File Stamp Information:

Filed

Oate: 08/30/2010
Time: 11:21

 Old Business Entity Name: THE CENTER FOR THE IMPROVEMENT OF HUMAN FUNCTIONING INTERNATIONAL, INC.

2. Business Entity I.O. Number: 0492574

The name of the business entity has been amended:

New Bosiness Entity Name: Riordan Clinic, Inc.

The amendment was duty adopted in accordance with the provisions of K.S.A. 17-6502

"I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct."

Executed on the 30 of August , 2010 .

Brian Riordsc Authorized Officer



I, Chris Siggs, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 36 of August , 2010.

Chris Biggs

To validate the authenticity of this electronically certified document please visit, https://www.accesekanses.org/sscv-sos-namechange/validation.do. Enter the following authentication code: 3649

PATENT REEL: 026272 FRAME: 0021

RECORDED: 05/12/2011