

# 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
Alexandria Research Technologies, LLC	09/23/2011
RECEIVING PARTY DATA	
Name:	Alexandria Research Technologies, Inc.
Street Address:	15800 - 32nd Avenue N.
Internal Address:	Suite 100
City:	Plymouth
State/Country:	MINNESOTA
Postal Code:	55447
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11460549
CORRESPONDENCE DATA	
Fax Number:	(612)607-7100
Phone:	612-607-7595
Email:	kwilliams@oppenheimer.com
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Correspondent Name:	Barbara A. Wrigley
Address Line 1:	45 South Seventh Street
Address Line 2:	Plaza Seven, Suite 3300
Address Line 4:	Minneapolis, MINNESOTA 55402
ATTORNEY DOCKET NUMBER:	21838-3028/US2
NAME OF SUBMITTER:	Barbara A. Wrigley
Total Attachments: 3 source=21838-3028-LLCtoINCchangelegalstatus#page1.tif source=21838-3028-LLCtoINCchangelegalstatus#page2.tif source=21838-3028-LLCtoINCchangelegalstatus#page3.tif	

CH \$40.00 11460549

501698242

PATENT  
 REEL: 027098 FRAME: 0563

Office of the Minnesota Secretary of State  
Foreign Corporation or Cooperative | Certificate of Authority to  
Transact Business in Minnesota  
*Minnesota Statutes, Chapter 303*



Read the instructions before completing this form.

Filing Fee: \$200.00 (\$50.00 for Nonprofit)

This Certificate of Authority has been approved pursuant to *Minnesota Statutes, Chapter 303*. By filing this Certificate of Authority, the company certifies that it has complied with the organization laws in the jurisdiction of its organization and that it has not filed previously with this office and been revoked and understands that if a filing was on record and revocation occurred this certificate of authority is null and void.

1. The legal name of this company in the Home Jurisdiction: (Required)

Alexandria Research Technologies, Inc.

2. The alternate name under which the company will do business in Minnesota, if different than the legal name listed above:

If an alternate name is used, the company certifies that its board of directors has adopted and approved the alternate name for use in Minnesota.

3. Home Jurisdiction: (Required) Delaware

4. The name and address of the registered agent and registered office in the State of Minnesota: (Required)

Wesley D. Johnson

Full Name of Registered Agent

15800 32nd Avenue North, Suite 100

Plymouth

MN

55447

Street Address (*A PO Box by itself is not acceptable*)

City

State

Zip

5. By registering, the company irrevocably consents to service of process on it as provided by *Minnesota Statutes, Chapter 303.13 and 5.25*.

6. This company is a: (check one) ☐ Nonprofit Entity ☒ For-Profit Entity

7. Check this box if this company is a Cooperative: ☐

8. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Wesley D. Johnson  
Signature of President, Vice-President, Sec'y, Asst. Sec'y or Authorized Agent

9/23/2011  
Date

Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

mail@art-orthopaedics.com

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**Office of the Minnesota Secretary of State**  
Foreign Corporation or Cooperative | Certificate of Authority to  
Transact Business in Minnesota  
*Minnesota Statutes, Chapter 303*



List a name and daytime phone number of a person who can be contacted about this form:

Youn-Jin Kim	612-607-7537
Contact Name	Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the Department of Agriculture.

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

OCT 13 2011

*Mark Ritchie*  
Secretary of State

*ForeigncorpregistrationRev.09/06/2011*



MINNESOTA SECRETARY OF STATE  
APPLICATION OF FOREIGN LIMITED LIABILITY COMPANY  
FOR A CERTIFICATE OF WITHDRAWAL FROM MINNESOTA

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. The name of the Limited Liability Company is:

Alexandria Research Technologies, LLC

2. The Limited Liability Company, which is a Delaware Limited Liability Company  
(List the state or country of formation)

authorized to transact business in Minnesota hereby applies for a Certificate of Withdrawal. This Limited Liability Company has no property located in Minnesota and has ceased to transact business in Minnesota.

The Limited Liability Company surrenders its authority to transact business in Minnesota and revokes the authority of its registered agent to accept service of process.

The Limited Liability Company consents to the service of process in any action, suit, or proceeding based on any cause of action arising in this state during the time the Limited Liability Company was authorized to transact business in this state may be made on the Limited Liability Company by service upon the Secretary of State.

3. Any process that may be served upon the Secretary of State of Minnesota after the withdrawal of this Limited Liability Company from Minnesota should be forwarded to:

Alexandria Research Technologies, Inc.

(Name)

15800 32nd Avenue North, Suite 100

(Address)

Plymouth

(City)

MN

(State)

55447

(Zip)

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

[Signature]  
(Authorized Person)

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

OCT 13 2011

Mark Ritchie  
Secretary of State

ForeignLLCWithdrawalRev.03-01-10