

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|---|--------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | CHANGE OF NAME |
| CONVEYING PARTY DATA | |
| Name | Execution Date |
| Allez Spine, LLC | 08/07/2009 |
| RECEIVING PARTY DATA | |
| Name: | Phygen, LLC |
| Street Address: | 2301 Dupont Drive, Suite 510 |
| City: | Irvine |
| State/Country: | CALIFORNIA |
| Postal Code: | 92612 |
| PROPERTY NUMBERS Total: 7 | |
| Property Type | Number |
| Application Number: | 11405031 |
| Application Number: | 12077940 |
| Application Number: | 12725401 |
| Application Number: | 12074719 |
| Application Number: | 11855964 |
| Application Number: | 11777945 |
| Application Number: | 11804723 |
| CORRESPONDENCE DATA | |
| Fax Number: | (858)314-1501 |
| Phone: | 8583141518 |
| Email: | kteuk@mintz.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: | FRED C. HERNANDEZ |
| Address Line 1: | 3580 Carmel Mountain Road, Suite 300 |
| Address Line 4: | SAN DIEGO, CALIFORNIA 92130 |

CH \$280.00 11405031

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|--|-------------------|
| ATTORNEY DOCKET NUMBER: | 37672-500 |
| NAME OF SUBMITTER: | FRED C. HERNANDEZ |
| Total Attachments: 2 source=37672 Name Change Allez Spine to Phygen#page1.tif source=37672 Name Change Allez Spine to Phygen#page2.tif | |



State of California
Secretary of State

LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

FILED

In the Office of the Secretary of State
of the State of California

SEP 01 2009

OK

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER
200404510132

2. NAME OF LIMITED LIABILITY COMPANY
ALLEZ SPINE, LLC

3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.

A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")

PHYGEN, LLC

B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):

- ☐ ONE MANAGER
☐ MORE THAN ONE MANAGER
☐ ALL LIMITED LIABILITY COMPANY MEMBER(S)

C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:

D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.

4. FUTURE EFFECTIVE DATE, IF ANY:

MONTH

DAY

YEAR

5. NUMBER OF PAGES ATTACHED, IF ANY:

6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON

DATE

Aug 24 09

Frank K. Kuwamura, III, M.D., Manager

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

7. RETURN TO:

NAME
FIRM
ADDRESS
CITY/STATE
ZIP CODE



State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAY 17 2010

A handwritten signature in cursive script that reads "Debra Bowen".

DEBRA BOWEN
Secretary of State