

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
Wing One LLC	02/29/2012
RECEIVING PARTY DATA	
Name:	WingOne LLC
Street Address:	9749 S.E. Nicholas Drive
City:	Happy Valley
State/Country:	OREGON
Postal Code:	97086
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	13402697
CORRESPONDENCE DATA	
Fax Number:	(206)622-7485
Phone:	206-622-8484
Email:	patent@millernash.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:	Chandra E. Garry
Address Line 1:	601 Union Street
Address Line 2:	Suite 4400
Address Line 4:	Seattle, WASHINGTON 98101
ATTORNEY DOCKET NUMBER:	117756-0001-01
NAME OF SUBMITTER:	Chandra E. Garry
Total Attachments: 3 source=Cert_Name_Change#page1.tif source=Cert_Name_Change#page2.tif source=Cert_Name_Change#page3.tif	

PATENT

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

WING ONE LLC
was filed under the Oregon
Limited Liability Company Act
on **January 23, 2012**
Articles of Amendment
were filed on **February 29, 2012**
changing the name to
WINGONE LLC

I further certify that
WINGONE LLC

is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

A handwritten signature in black ink, appearing to read "Kate Brown", is written over a horizontal line.

KATE BROWN, Secretary of State

March 7, 2012



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
www.filinginoregon.com

Registry Number: 828518-91
Type: DOMESTIC LIMITED LIABILITY COMPANY

Next Renewal Date: 01/23/2013

GERALD B BLACK
13012 SE OATFIELD RD
MILWAUKIE OR 97222

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

Document
ARTICLES OF AMENDMENT

Filed On
02/29/2012

Jurisdiction
OREGON

Name
WINGONE LLC

Registered Agent
MN SERVICE CORPORATION (OREGON)
111 SW FIFTH AVE STE 3400
PORTLAND OR 97204-3699

Mailing Address
GERALD B BLACK
13012 SE OATFIELD RD
MILWAUKIE OR 97222



Articles of Amendment/Dissolution - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200

Check the appropriate box below:

☒ ARTICLES OF AMENDMENT
(Complete only 1, 2, 3, 6)

☐ ARTICLES OF DISSOLUTION
(Complete only 4, 5, 8)

FILED

FEB 29 2012

**OREGON
SECRETARY OF STATE**

REGISTRY NUMBER: 828518-91

In accordance with Oregon Revised Statute 192.410-192.480, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

ARTICLES OF AMENDMENT ONLY

1) ENTITY NAME:

Wing One LLC

2) THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY: (State the article number(s) and set forth the article(s) as it is amended to read.)

Article I. is replaced in its entirety with the following:

"Article I. The name of the limited liability company is WingOne LLC (the "Company")."

3) PLEASE CHECK THE APPROPRIATE STATEMENT:

☐ This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: _____

☒ This amendment(s) was approved by the members. 100% percent of the members approved the amendment(s).

Date of adoption of each amendment: February 16, 2012

ARTICLES OF DISSOLUTION ONLY

4) NAME OF LIMITED LIABILITY COMPANY: _____

5) DATE OF DISSOLUTION: _____

6) EXECUTION: (Must be signed by at least one member or manager.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Gerald B. Black

Printed Name:

Gerald B. Black

Title:

Manager

CONTACT NAME: (To resolve questions with this filing.)

Brenna Dickey

PHONE NUMBER: (Include area code.)

(503) 224-5858

FEES

Required Processing Fee \$100

Confirmation Copy (Optional) \$5

No Fee for Member/Manager Change Only.

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."