PATENT ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Conversion of Entity

CONVEYING PARTY DATA

Name	Execution Date
Arminak & Associates, Inc.	02/13/2012

RECEIVING PARTY DATA

Name:	Arminak & Associates, LLC
Street Address:	1350 Mountain View Circle
City:	Azusa
State/Country:	CALIFORNIA
Postal Code:	91702

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	D568154

CORRESPONDENCE DATA

Fax Number: (310)394-4477
Phone: (310) 451-0647
Email: pat@cislo.com, kbrown@cislo.com
Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.
Correspondent Name: Daniel M. Cislo
Address Line 1: 1333 2nd Street, Suite 500
Address Line 4: Santa Monica, CALIFORNIA 90401

ATTORNEY DOCKET NUMBER:	07-19685
NAME OF SUBMITTER:	Daniel M. Cislo

Total Attachments: 3
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CH $40.00 D568154

Form PTO-1595 (Rev. 03-11)
OMB No. 0651-0027 (exp. 03/31/2012)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET
PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

Arminak & Associates, Inc.

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

2. Name and address of receiving party(ies)

Name: Arminak & Associates, LLC

Internal Address:

Street Address: 1350 Mountain View Circle

City: Azusa

State: California

Country: United States Zip: 91702

Additional name(s) & address(es) attached? ☐ Yes ☒ No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 02/13/2012

☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☒ Other Conversion of Entity

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)

D568,154

Additional numbers attached? ☐ Yes ☒ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Daniel M. Cislo

Internal Address:

Street Address: 1333 2nd Street

City: Santa Monica

State: California Zip: 90401

Phone Number: (310) 451-0647

Fax Number: (310) 394-4477

Email Address: dancislo@cislo.com; pat@cislo.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) $40.00

☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number 03-2030

Authorized User Name Daniel M. Cislo

9. Signature:

Signature — June 13, 2012 Date

Daniel M. Cislo
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 3

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 1450, Alexandria, V.A. 22313-1450

01113952

LLC-1A File # 201204410115

State of California
Secretary of State

Limited Liability Company
Articles of Organization - Conversion

IMPORTANT — Read all instructions before completing this form.

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

FEB 13 2012

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Converted Entity Information

1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

Arminak & Associates, LLC

2. THE PURPOSE OF THE LIMITED LIABILTY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)

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

4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
1350 MOUNTAIN VIEW CIR	AZUSA	CA	91702

5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in item 6.)

Helga Arminak

6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA	CITY	STATE	ZIP CODE
1350 MOUNTAIN VIEW CIR	AZUSA	CA	91702

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS	CITY	STATE	ZIP CODE

☑ THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 6.

Converting Entity Information

8. NAME OF CONVERTING ENTITY

Arminak & Associates Inc.

9. FORM OF ENTITY	10. JURISDICTION	11. CA SECRETARY OF STATE FILE NUMBER, IF ANY
Corporation	California	C2305735

12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS:

STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE	AND	THE PERCENTAGE VOTE REQUIRED OF EACH CLASS
Capital Stock - 30,000 Outstanding Shares		Greater than 50%

Additional Information

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

February 13, 2012
DATE

SIGNATURE OF AUTHORIZED PERSON

Helga Arminak, President
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON

Roger Abadjian, Secretary
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

LLC-1A (REV 04/2010) APPROVED BY SECRETARY OF STATE