

## PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Domestic Stock Corporation Certificate of Dissolution
CONVEYING PARTY DATA	
Name	Execution Date
Alpine Cruzer Enterprises, Inc.	03/12/2010
RECEIVING PARTY DATA	
Name:	Lori Ross Hershman
Street Address:	5921 Jellico Avenue
City:	Encino
State/Country:	CALIFORNIA
Postal Code:	91316
Name:	Daniel A. Hershman
Street Address:	5921 Jellico Avenue
City:	Encino
State/Country:	CALIFORNIA
Postal Code:	91316
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	6220631
CORRESPONDENCE DATA	
Fax Number:	5032956679
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	(503) 224-6655
Email:	mandi@khpatent.com
Correspondent Name:	David P. Cooper/Kolisch Hartwell, PC
Address Line 1:	520 S.W. Yamhill St., Suite 200
Address Line 4:	Portland, OREGON 97204
ATTORNEY DOCKET NUMBER:	SKG 301C

CH \$40.00 6220631

NAME OF SUBMITTER:

David P. Cooper

Total Attachments: 2

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# State of California Secretary of State

DISS STK

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## DOMESTIC STOCK CORPORATION CERTIFICATE OF DISSOLUTION

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

MAR 15 2010

There is no fee for filing a Certificate of Dissolution.

**IMPORTANT - Read instructions before completing this form.**

This Space For Filing Use Only

**CORPORATE NAME** (Enter the name of the domestic stock corporation exactly as it is of record with the California Secretary of State.)

1. Name of corporation

ALPINE CRUZER ENTERPRISES, INC.

**REQUIRED STATEMENTS** (The following statements are required by statute and should not be altered.)

2. a) A final franchise tax return, as described by Section 23332 of the Revenue and Taxation Code, has been or will be filed with the Franchise Tax Board, as required under Part 10.2 (commencing with Section 18401) of Division 2 of the Revenue and Taxation Code.
- b) The corporation has completely wound up.
- c) The corporation is dissolved.

**DEBTS & LIABILITIES** (Check the applicable statement. Note: Only one box may be checked.)

3. ☒ The corporation's known debts and liabilities have been actually paid.
- ☐ The corporation's known debts and liabilities have been paid as far as its assets permitted.
- ☐ The corporation's known debts and liabilities have been adequately provided for by their assumption and the name and address of the assumer is \_\_\_\_\_
- ☐ The corporation's known debts and liabilities have been adequately provided for as far as its assets permitted.  
(Specify in an attachment to this certificate (incorporated herein by this reference) the provision made and the address of the corporation, person or governmental agency that has assumed or guaranteed the payment, or the name and address of the depository with which deposit has been made or other information necessary to enable creditors or others to whom payment is to be made to appear and claim payment.)
- ☐ The corporation never incurred any known debts or liabilities.

**ASSETS** (Check the applicable statement. Note: Only one box may be checked.)

4. ☒ The known assets have been distributed to the persons entitled thereto.
- ☐ The corporation never acquired any known assets.

**ELECTION** (Check the "YES" or "NO" box, as applicable. Note: If the "NO" box is checked, a Certificate of Election to Wind Up and Dissolve pursuant to Corporations Code section 1901 must be filed prior to or together with this Certificate of Dissolution.)

5. The election to dissolve was made by the vote of all the outstanding shares. ☒ YES ☐ NO

**VERIFICATION & EXECUTION** (If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this certificate. Any attachments to this certificate are incorporated herein by this reference.)

6. The undersigned constitute(s) the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

3/12/10

Date

*Lori Ross Hershman*  
Signature of Director

*Daniel A. Hershman*  
Signature of Director

Signature of Director

LORI ROSS HERSHMAN, CEO AND CFO  
Type or Print Name of Director

DANIEL A HERSHMAN, SECRETARY  
Type or Print Name of Director

Type or Print Name of Director

D1023298



**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) is a full, true and  
correct copy of the original record in the custody of this office.



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

MAY 27 2010

DEBRA BOWEN  
Secretary of State