

## 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
Pilus Energy, LLC	03/16/2012
RECEIVING PARTY DATA	
Name:	Bacterial Robotics, LLC
Street Address:	P.O. Box 30085
City:	Cincinnati
State/Country:	OHIO
Postal Code:	45230
PROPERTY NUMBERS Total: 2	
Property Type	Number
Application Number:	12660200
Application Number:	12660244
CORRESPONDENCE DATA	
Fax Number:	2022476010
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	2022476015
Email:	info@nevrivylaw.com
Correspondent Name:	Nevrivy Patent Law Group P.L.L.C.
Address Line 1:	1055 Thomas Jefferson St., NW
Address Line 2:	Suite M-100
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20007
ATTORNEY DOCKET NUMBER:	PLE-009US1
NAME OF SUBMITTER:	Daniel Nevrvy
Total Attachments: 3 source=change_of_name#page1.tif source=change_of_name#page2.tif source=change_of_name#page3.tif	

OP \$80.00 12660200



DATE: 03/16/2012	DOCUMENT ID 201207500918	DESCRIPTION AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	FILING 50.00	EXPED .00	PENALTY	CERT .00	COPY .00
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**Receipt**

This is not a bill. Please do not remit payment.

TAFT STETTINUS & HOLLISTER LLP  
ATTN: LINDA DAVIS  
65 E. STATE ST, SUITE 1000  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****1840369**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**BACTERIAL ROBOTICS, LLC**

and, that said business records show the filing and recording of:

Document(s)

**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):

**201207500918**

United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 12th day of March, A.D.  
2012.

Ohio Secretary of State



Form 543A Prescribed by the:  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)

[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Busserv@OhioSecretaryofState.gov](mailto:Busserv@OhioSecretaryofState.gov)

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

**Domestic Limited Liability Company Certificate of  
Amendment or Restatement**  
Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

March 3, 2009

Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Pilus Energy, LLC

Name of limited liability company

1840369

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Bacterial Robotics, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.,"  
"Ltd." or "Ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

  
Signature

By (if applicable)

Jason E. Barkeloo

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name