

## 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
Propel Labs LLC	01/12/2011
RECEIVING PARTY DATA	
Name:	Propel Labs Inc.
Street Address:	131 E. Lincoln Avenue
Internal Address:	Suite 200
City:	Fort Collins
State/Country:	COLORADO
Postal Code:	80524
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12683395
CORRESPONDENCE DATA	
Fax Number:	9368703115
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	936-870-3960
Email:	patents@sexingtechnologies.com
Correspondent Name:	Cindee R. Ewell
Address Line 1:	XY, LLC
Address Line 2:	22575 State Highway 6 South
Address Line 4:	Navasota, TEXAS 77868
ATTORNEY DOCKET NUMBER:	XY-28
NAME OF SUBMITTER:	Cindee R. Ewell
Signature:	/Cindee R. Ewell/
Date:	09/09/2013

CH \$40.00 12683395

**Total Attachments: 5**

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Colorado Secretary of State  
 Date and Time: 01/12/2011 04:38 PM  
 ID Number: 20071271894

Document must be filed electronically.  
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Document number: 20111022010  
 Amount Paid: \$100.00

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### Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID number 20071271894  
*(Colorado Secretary of State ID number)*

Entity name or true name Propel Labs LLC

Form of entity Limited Liability Company

Jurisdiction Colorado

Street address 131 E. Lincoln Avenue  
*(Street number and name)*  
Suite 200

Fort Collins CO 80524  
*(City) (State) (ZIP/Postal Code)*

United States  
*(Province – if applicable) (Country)*

Mailing address  
 (leave blank if same as street address)   
*(Street number and name or Post Office Box information)*

*(City) (State) (ZIP/Postal Code)*

*(Province – if applicable) (Country)*

2. The entity name of the resulting entity is Propel Labs Inc.  
*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

5. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_  
*(mm/dd/yyyy hour:minute am/pm)*





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**Articles of Incorporation for a Profit Corporation**

filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the corporation is

Propel Labs Inc.

*(The name of a corporation must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "Ltd.". See §7-90-601, C.R.S. If the corporation is a professional or special purpose corporation, other law may apply.)*

*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the corporation's initial principal office is

Street address

131 E. Lincoln Avenue

*(Street number and name)*

Suite 200

Fort Collins

*(City)*

CO

*(State)*

80524

*(ZIP/Postal Code)*

United States

*(Country)*

*(Province - if applicable)*

Mailing address

**(leave blank if same as street address)**

*(Street number and name or Post Office Box information)*

*(City)*

*(State)*

*(ZIP/Postal Code)*

*(Province - if applicable)*

*(Country)*

3. The registered agent name and registered agent address of the corporation's initial registered agent are

Name

(if an individual)

*(Last)*

*(First)*

*(Middle)*

*(Suffix)*

**OR**

(if an entity)

*(Caution: Do not provide both an individual and an entity name.)*

SIDIS Corp

Street address

131 E. Lincoln Ave

*(Street number and name)*

Ste 200

Fort Collins

*(City)*

CO

*(State)*

80524

*(ZIP/Postal Code)*

Mailing address  
(leave blank if same as street address) \_\_\_\_\_  
(Street number and name or Post Office Box information)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP/Postal Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name  
(if an individual) \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR**

(if an entity) SIDIS Corp  
(Caution: Do not provide both an individual and an entity name.)

Mailing address 131 E. Lincoln Avenue  
(Street number and name or Post Office Box information)  
Suite 200  
Fort Collins CO 80524  
(City) (State) (ZIP/Postal Code)  
United States  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows.

(If the following statement applies, adopt the statement by marking the box and enter the number of shares.)

The corporation is authorized to issue 1,000,000 common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

Additional information regarding shares as required by section 7-106-101, C.R.S., is included in an attachment.

(Caution: At least one box must be marked. Both boxes may be marked, if applicable.)

6. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

**Notice:**

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

Ottenberg                      Matt                      J  
*(Last)*                                      *(First)*                                      *(Middle)*                                      *(Suffix)*  
131 E. Lincoln Avenue  
*(Street number and name or Post Office Box information)*  
Suite 200  
Fort Collins                      CO                      80524  
*(City)*                                      *(State)*                                      *(ZIP/Postal Code)*  
United States  
*(Province – if applicable)*                      *(Country)*

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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