

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3008920

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	02/17/2010		
CONVEYING PARTY DATA			
Name			Execution Date
SOLAR SUSPENSION SYSTEMS, L.L.C.			02/17/2010
RECEIVING PARTY DATA			
Name:	P4P HOLDINGS LLC		
Street Address:	417 MAIN STREET		
City:	CARBONDALE		
State/Country:	COLORADO		
Postal Code:	81623		
PROPERTY NUMBERS Total: 2			
Property Type	Number		
Application Number:	13465727		
Application Number:	14092612		
CORRESPONDENCE DATA			
Fax Number:	(303)863-0223		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	303-863-9700		
Email:	srlaw@sheridanross.com		
Correspondent Name:	BRENT P. JOHNSON		
Address Line 1:	1560 BROADWAY		
Address Line 2:	SUITE 1200		
Address Line 4:	DENVER, COLORADO 80202		
ATTORNEY DOCKET NUMBER:	7342-10-CIP-CON		
NAME OF SUBMITTER:	BRENT P. JOHNSON		
SIGNATURE:	/Brent P. Johnson/		
DATE SIGNED:	09/04/2014		
Total Attachments: 5			
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source=Statement_of_Merger#page2.tif			
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PATENT

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SECRETARY OF STATE

02-17-2010 16:30:27

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger
(Surviving Entity is a Foreign Entity)

filed pursuant to § 7-90-203.7 and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For each merging 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

(Caution: At least one merging entity must be an entity formed under the laws of Colorado.)

ID Number	<u>20061307077</u> <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	<u>Solar Suspension Systems, L.L.C.</u>		
Form of entity	<u>Limited Liability Company</u>		
Jurisdiction	<u>Colorado</u>		
<u>Street</u> address	<u>417 Main Street</u> <i>(Street number and name)</i>		
	<u>Suite A</u>		
	<u>Carbondale</u> <i>(City)</i>	<u>CO</u> <i>(State)</i>	<u>81623</u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province – if applicable)</i>	<u>United States</u> <i>(Country)</i>	
<u>Mailing</u> address (leave blank if same as street address)	<u></u> <i>(Street number and name or Post Office Box information)</i>		
	<u></u> <i>(City)</i>	<u></u> <i>(State)</i>	<u></u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province – if applicable)</i>	<u></u> <i>(Country)</i>	

ID Number	<u></u> <i>(Colorado Secretary of State ID number)</i>
Entity name or true name	<u></u>
Form of entity	<u></u>

Jurisdiction

Street address

(Street number and name)

(City)

(State)

(ZIP/Postal Code)

(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)

ID Number

(Colorado Secretary of State ID number)

Entity name or true name

Form of entity

Jurisdiction

Street address

(Street number and name)

(City)

(State)

(ZIP/Postal Code)

(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)

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

☐

There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity which is a foreign entity, its entity 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

(Caution: The surviving entity cannot be an entity formed under the laws of Colorado.)

ID Number

20101067242

(Colorado Secretary of State ID number)

Entity name or true name P4P Holdings LLC

Form of entity Limited Liability Company

Jurisdiction Delaware

Street address 417 Main Street
(Street number and name)

Suite A

Carbondale CO 81623
(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)

3. Each merging entity has been merged into the surviving foreign entity.

4. (If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)

☐ One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____

Document number _____

Document number _____

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

☐ There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

5. (Mark the applicable box and complete the statement. **Caution:** Mark only one box.)

☒ The surviving foreign entity maintains a registered agent in this state.

OR

☐ The surviving foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

OR

☐ The surviving foreign entity has not maintained a registered agent in this state and appoints a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name
 (if an individual)

(Last) (First) (Middle) (Suffix)

OR

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

Street address _____
(Street number and name)

(City) CO _____
(State) (ZIP Code)

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

(City) CO _____
(State) (ZIP Code)

6. (If applicable, adopt the following 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 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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such 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 identified in this document as one who has caused it to be delivered.

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

Reed _____ Weslynn _____ P _____
(Last) (First) (Middle) (Suffix)
1801 California Street _____
(Street number and name or Post Office Box information)
Suite 4900 _____
Denver _____ CO _____ 80202 _____
(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)
United States

(If applicable, adopt the following 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.

Disclaimer:

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