

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3169563

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
MAST FABRICATION COMPANY, LLC	04/12/2004
RECEIVING PARTY DATA	
Name:	SUPERIOR FABRICATION COMPANY, LLC
Street Address:	3560 WEST MARKET STREET
Internal Address:	SUITE 300
City:	AKRON
State/Country:	OHIO
Postal Code:	44333
PROPERTY NUMBERS Total: 2	
Property Type	Number
Patent Number:	5217343
Patent Number:	6547217
CORRESPONDENCE DATA	
Fax Number:	(330)253-8601
<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:	330-535-5711
Email:	iplaw@brouse.com
Correspondent Name:	HEATHER M. BARNES
Address Line 1:	388 SOUTH MAIN STREET
Address Line 2:	SUITE 500
Address Line 4:	AKRON, OHIO 44311-4407
ATTORNEY DOCKET NUMBER:	21641.26491
NAME OF SUBMITTER:	HEATHER M. BARNES
SIGNATURE:	/Heather M. Barnes/
DATE SIGNED:	01/05/2015
Total Attachments: 3	
source=Name Change#page1.tif	
source=Name Change#page2.tif	
source=Name Change#page3.tif	



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/19/2004	200410701602	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

Receipt

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

BROUSE MCDOWELL
500 FIRST NATIONAL TOWER
AKRON, OH 44308

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1428510**

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

SUPERIOR FABRICATION COMPANY, LLC

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

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200410701602

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 16th day of April, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
EXPEDITE THIS FORM (Select One of the Following)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 1028 Columbus, OH 43216

Limited Liability Company Certificate of Amendment / Restatement / Correction

(Domestic or Foreign)

Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) December 17, 2003 (Date of Organization)	(2) Foreign Limited Liability Company <input type="checkbox"/> Correction (135-LFC) (Home State) _____ (Qualifying in Ohio on MM/DD/YY) _____
---	--

The undersigned authorized representative of Mast Fabrication Company, LLC 1428510
 (Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company ☒ Amend ☐ Restate ☐ Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed.
 If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:

Superior Fabrication Company, LLC

(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL) :

 (street address)

NOTE: P.O. Box Addresses are NOT acceptable.

 (city, township, or village)

 (state)

 (zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City, village or township)

Ohio

(State)

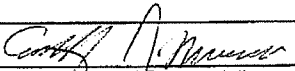
(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or,
- C. the limited liability company's registration to do business in Ohio expires or is cancelled.

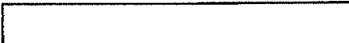
REQUIRED


Must be authenticated (signed)
by an authorized representative
(See Instructions)


Authorized Representative


4/12/2004
Date


Anthony J. Murru, Manager
(Print Name)


Authorized Representative


Date

(Print Name)


Authorized Representative


Date

(Print Name)