PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3165545

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Execution Date
SPIRAE, INC.	03/06/2014

RECEIVING PARTY DATA

Name:	SPIRAE, LLC
Street Address:	243 N. COLLEGE AVENUE
City:	FORT COLLINS
State/Country:	COLORADO
Postal Code:	80524

PROPERTY NUMBERS Total: 6

Property Type	Number
Application Number:	12846520
Application Number:	13768137
Application Number:	14340226
Application Number:	13099322
Application Number:	13099326
Application Number:	13400538

CORRESPONDENCE DATA

Fax Number: (719)358-2561

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.

Phone: 7193582561
Email: su@martensenip.com
Correspondent Name: MARTENSEN IP
Address Line 1: 30 E KIOWA STREET
Address Line 2: SUITE 101
Address Line 4: COLORADO SPRINGS, COLORADO 80903

ATTORNEY DOCKET NUMBER:	SPRA G001
NAME OF SUBMITTER:	MICHAEL C. MARTENSEN
SIGNATURE:	/Michael C. Martensen, Reg. No. 46901/
DATE SIGNED:	12/30/2014

Total Attachments: 5

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source=Inctollc#page2.tif
source=Inctollc#page3.tif
source=Inctollc#page4.tif
source=Inctollc#page5.tif

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E-Filed

Colorado Secretary of State
Date and Time: 03/06/2014 09:12 AM
ID Number: 20021247527

Document number: 20141154495
Amount Paid: $100.00

ABOVE SPACE FOR OFFICE USE ONLY

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: 20021247527
(Colorado Secretary of State ID number)

Entity name or true name: SPIRAE, INC.

Form of entity: Corporation

Jurisdiction: Colorado

Street address: 243 N. College Avenue
(Street number and name)

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

(Province – if applicable) United States (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 SPIRAE LLC.
(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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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.

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

Toy (Last) David (First) A. (Middle) _____ (Suffix)
1200 Seventeenth Street
(Street number and name or Post Office Box information)
Suite 1500
Denver (City) CO (State) 80202 (ZIP/Postal Code)
_____ (Province – if applicable) United States (Country).

(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.

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E-Filed

Colorado Secretary of State
Date and Time: 03/06/2014 09:12 AM
ID Number: 20021247527

Document number: 20141154495
Amount Paid: $100.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

SPIRAE LLC

(The name of a limited liability company must contain the term or abbreviation *"limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601,* C.R.S.)

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

2. The principal office address of the limited liability company's initial principal office is

Street address

243 N. College Avenue
(Street number and name)

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

(Province – if applicable) | United States (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. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name
(if an individual)

CHERIAN | SUNIL | (Middle) | (Suffix)
(Last) | (First)

or

(if an entity)

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

Street address

243 N. College Avenue
(Street number and name)

Fort Collins | CO | 80524
(City) | (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).

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

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

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual)

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

or

(if an entity) Hogan Lovells US LLP

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

Mailing address

1200 Seventeenth Street
(Street number and name or Post Office Box information)
Suite 1500
Denver | CO (State) | 80202 (ZIP/Postal Code)
(City)
(Province – if applicable)
United States (Country).

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

☐ The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in
(Mark the applicable box.)

☑ one or more managers.

or

☐ the members.

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

☑ There is at least one member of the limited liability company.

7. (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.

8. (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.)

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The delayed effective date and, if applicable, time of this document is/are _____.
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