503183621 02/18/2015 PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT3230236

SUBMISSION TYPE:		NEW ASSIGNMENT	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:		CHANGE OF NAME	CHANGE OF NAME	
CONVEYING PARTY	ΟΑΤΑ			
		Name	Execution Date	
NUME HEALTH LLC			07/01/2013	
RECEIVING PARTY D	ΑΤΑ			
Name:	MICRO	MICROBIOME THERAPEUTICS LLC		
Street Address:	11001 V	11001 W. 120TH STREET		
Internal Address:	SUITE 4	SUITE 400		
City:	BROOM	BROOMFIELD		
State/Country:	COLOR	COLORADO		
Postal Code:	80021	80021		
Property Type Application Number:		Number 12976209		
		12970209		
	DATA			
CORRESPONDENCE				
CORRESPONDENCE Fax Number:		202)842-7899		
Fax Number: <i>Correspondence will</i>	be sent to	the e-mail address first; if that is		
Fax Number: <i>Correspondence will i</i> using a fax number, if	be sent to provided	the e-mail address first; if that is ; if that is unsuccessful, it will be		
Fax Number: Correspondence will	be sent to provided	the e-mail address first; if that is		
Fax Number: <i>Correspondence will a using a fax number, it</i> Email: Correspondent Name Address Line 1:	be sent to provided	<i>the e-mail address first; if that is</i> ; <i>if that is unsuccessful, it will be</i> /jones@cooley.com		
Fax Number: <i>Correspondence will a using a fax number, it</i> Email: Correspondent Name Address Line 1: Address Line 2:	be sent to provided	<i>the e-mail address first; if that is; ; if that is unsuccessful, it will be</i> /jones@cooley.com COOLEY LLP 1299 PENNSYLVANIA AVE SUITE 700		
Fax Number: <i>Correspondence will i using a fax number, if</i> Email: Correspondent Name Address Line 1:	be sent to provided	<i>the e-mail address first; if that is</i> ; <i>if that is unsuccessful, it will be</i> /jones@cooley.com COOLEY LLP 1299 PENNSYLVANIA AVE		
Fax Number: <i>Correspondence will using a fax number, it</i> Email: Correspondent Name Address Line 1: Address Line 2: Address Line 4:	be sent to provided	<i>the e-mail address first; if that is; ; if that is unsuccessful, it will be</i> /jones@cooley.com COOLEY LLP 1299 PENNSYLVANIA AVE SUITE 700		
Fax Number: <i>Correspondence will a using a fax number, if</i> Email: Correspondent Name Address Line 1: Address Line 2: Address Line 4:	be sent to provided	the e-mail address first; if that is ; if that is unsuccessful, it will be vjones@cooley.com COOLEY LLP 1299 PENNSYLVANIA AVE SUITE 700 WASHINGTON, D.C. 20004	e sent via US Mail.	
Fax Number: <i>Correspondence will a using a fax number, it</i> Email: Correspondent Name Address Line 1: Address Line 2:	be sent to provided	the e-mail address first; if that is ; if that is unsuccessful, it will be vjones@cooley.com COOLEY LLP 1299 PENNSYLVANIA AVE SUITE 700 WASHINGTON, D.C. 20004 MIBI-002/00US	e sent via US Mail.	
Fax Number: <i>Correspondence will a using a fax number, if</i> Email: Correspondent Name Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET N NAME OF SUBMITTER	be sent to provided	the e-mail address first; if that is ; if that is unsuccessful, it will be vjones@cooley.com COOLEY LLP 1299 PENNSYLVANIA AVE SUITE 700 WASHINGTON, D.C. 20004 MIBI-002/00US DAVID CHRISTOPHER HOL	e sent via US Mail.	
Fax Number: <i>Correspondence will a</i> <i>using a fax number, if</i> Email: Correspondent Name Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET N NAME OF SUBMITTER SIGNATURE: DATE SIGNED: Total Attachments: 2	be sent to provided : : : : :	the e-mail address first; if that is ; if that is unsuccessful, it will be vjones@cooley.com COOLEY LLP 1299 PENNSYLVANIA AVE SUITE 700 WASHINGTON, D.C. 20004 MIBI-002/00US DAVID CHRISTOPHER HOL /David C. Holly/ 02/18/2015	e sent via US Mail.	
Fax Number: <i>Correspondence will i</i> <i>using a fax number, if</i> Email: Correspondent Name Address Line 1: Address Line 2: Address Line 4: ATTORNEY DOCKET N AME OF SUBMITTER BIGNATURE: DATE SIGNED:	be sent to provided : : : : : : : : : : : :	the e-mail address first; if that is ; if that is unsuccessful, it will be vjones@cooley.com COOLEY LLP 1299 PENNSYLVANIA AVE SUITE 700 WASHINGTON, D.C. 20004 MIBI-002/00US DAVID CHRISTOPHER HOL /David C. Holly/ 02/18/2015	e sent via US Mail.	



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NUME HEALTH, LLC", CHANGING ITS NAME FROM "NUME HEALTH, LLC" TO "MICROBIOME THERAPEUTICS, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF JULY, A.D. 2013, AT 7:02 O'CLOCK P.M.



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130855747

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENT CATION: 0571124

DATE: 07-09-13

PATENT REEL: 035022 FRAME: 0051

State of Delaware Secretary of State Division of Corporations Delivered 07:16 PM 07/08/2013 FILED 07:02 PM 07/08/2013 SRV 130855747 - 4708065 FILE

CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION OF NUME HEALTH, LLC

THIS CERTIFICATE OF AMENDMENT (the "Amendment") to the Certificate of Formation of NUME HEALTH, LLC (the "Company") is being executed and filed by the undersigned to amend the Certificate of Formation of the Company under Section 18-202 of the Delaware Limited Liability Company Act.

- 1. The name of the Company is NUME HEALTH, LLC.
- 2. The Certificate of Formation of the Company is hereby amended by changing the name of the Company to: **MICROBIOME THERAPEUTICS, LLC.**
- 3. This Amendment shall be effective upon the date and time filed with the State of Delaware, Division of Corporations.

IN WITNESS WHEREOF, the undersigned has executed this Amendment this $1^{\frac{5+}{2}}$ day of $-\frac{\sqrt{3}}{2}$, 2013.

NUME HEALTH, LLC a Delaware limited liability company

By:

Steve Orndorff CEO and Authorized Person

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RECORDED: 02/18/2015

PATENT REEL: 035022 FRAME: 0052