

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3260301

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	MERGER	
EFFECTIVE DATE:	12/31/2014	
CONVEYING PARTY DATA		
Name		Execution Date
GUARD INSURANCE GROUP, INC.		12/02/2014
RECEIVING PARTY DATA		
Name:	WESTGUARD INSURANCE COMPANY	
Street Address:	16 SOUTH RIVER STREET	
City:	WILKES-BARRE	
State/Country:	PENNSYLVANIA	
Postal Code:	18702	
PROPERTY NUMBERS Total: 17		
Property Type	Number	
Application Number:	10908596	
Application Number:	12693060	
Patent Number:	7668828	
Patent Number:	8838466	
Patent Number:	8538781	
Patent Number:	7590744	
Patent Number:	7912966	
Patent Number:	7917635	
Patent Number:	7966407	
Patent Number:	8028075	
Patent Number:	7945681	
Patent Number:	7860868	
Patent Number:	7860869	
Patent Number:	8402056	
Patent Number:	8538783	
Patent Number:	8600780	
Patent Number:	8538784	
CORRESPONDENCE DATA		

Fax Number: (703)455-4984

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: 7034554984

Email: brandi@ip-authority.com

Correspondent Name: IP AUTHORITY, LLC RAMRAJ SOUNDARARAJAN

Address Line 1: 7432 ALBAN STATION BLVD, SUITE B250

Address Line 4: SPRINGFIELD, VIRGINIA 22150

ATTORNEY DOCKET NUMBER:	GUARD-WESTGUARD
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NAME OF SUBMITTER:	RAMRAJ SOUNDARARAJAN
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SIGNATURE:	/ramraj soundararajan/
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DATE SIGNED:	03/11/2015
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Total Attachments: 5

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RECORDATION FORM COVER SHEET
PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

Guard Insurance Group, Inc.

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 12/31/2014

- ☐ Assignment ☒ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: WestGuard Insurance Company

Internal Address: _____

Street Address: 16 South River Street

City: Wilkes-Barre

State: PA

Country: US Zip: 18702

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

☐ This document serves as an Oath/Declaration (37 CFR 1.63).

A. Patent Application No.(s)

B. Patent No.(s)

10/908,596

7,590,744

Additional numbers attached? ☒ Yes ☐ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: IP AUTHORITY, LLC

Internal Address: _____

Street Address: 7432 Alban Station Blvd

Suite B-250

City: Springfield

State: VA Zip: 22150

Phone Number: 703-455-4984 x 111

Docket Number: Guard

Email Address: brandi@ip-authority.com

6. Total number of applications and patents involved: 17

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 0

- ☐ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number 504098

Authorized User Name Ramraj Soundararajan

9. Signature: /ramraj soundararajan/

03/11/2015

Signature

Date

Ramraj Soundararajan

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

PATENT

REEL: 035137 FRAME: 0566

4. (continued) Patent Application No.(s):

12/693,060

Patent No.(s)

7,668,828

7,860,868

7,860,869

7,912,966

7,917,635

7,945,681

7,966,407

8,028,075

8,402,056

8,538,781

8,538,783

8,538,784

8,600,780

8,838,466

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles/Certificate of Merger

(15 Pa.C.S.)

- ☒ Domestic Business Corporation (§ 1926)
☐ Domestic Nonprofit Corporation (§ 5926)
☐ Limited Partnership (§ 8547)

Name WestGuard Insurance Company		
Address 16 South River Street		
City Wilkes-Barre	State PA	Zip Code 18702

Document will be returned to the
name and address you enter to
the left.

Commonwealth of Pennsylvania
ARTICLES OF MERGER-BUSINESS 15 Page(s)

Fee: \$150 plus \$40 additional for each
Party in additional to two



In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is: WestGuard Insurance Company					
2. Check and complete one of the following:					
<input checked="" type="checkbox"/> The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):					
(a) Number and Street	City	State	Zip	County	
16 South River Street	Wilkes-Barre	PA	18702	Luzerne	
(b) Name of Commercial Registered Office Provider				County	
c/o					
The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation /limited partnership incorporated/formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):					
(a) Number and Street	City	State	Zip	County	
(b) Name of Commercial Registered Office Provider				County	
c/o					
The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:					
Number and Street	City	State	Zip		

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PA. DEPT. OF STATE

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business/nonprofit corporation/limited partnership and qualified foreign business/nonprofit corporation/limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
Guard Insurance Group, Inc.			

16 South River Street

Wilkes-Barre, PA 18702

Luzerne

4. Check, and if appropriate complete, one of the following:

☐ The plan of merger shall be effective upon filing these Articles/Certificate of Merger in the Department of State.

☒ The plan of merger shall be effective on: 12/31/2014 at 11:55 p.m.
Date Hour

5. The manner in which the plan of merger was adopted by each domestic corporation/limited partnership is as follows:

Name	Manner of Adoption
WestGuard Insurance Company	

Adopted by the directors and shareholders (or members) pursuant to 15 Pa.C.S. § 1924(a)

6. *Strike out this paragraph if no foreign corporation/limited partnership is a party to the merger.*

The plan was authorized, adopted or approved, as the case may be, by the foreign business/nonprofit corporation/limited partnership (or each of the foreign business/nonprofit corporations/limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated/organized.

7. Check, and if appropriate complete, one of the following:

☒ The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

☐ Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation/Certificate of Limited Partnership of the surviving corporation/limited partnership as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation/limited partnership, the address of which is.

Number and street	City	State	Zip	County

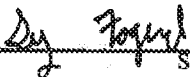
IN TESTIMONY WHEREOF, the undersigned
corporation/limited partnership has caused these
Articles/Certificate of Merger to be signed by a duly
authorized officer thereof this

2nd day of December

02014

WestGuard Insurance Company

Name of Corporation/Limited Partnership



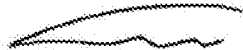
Signature

Chief Executive Officer

Title

GUARD INSURANCE GROUP, INC.

Name of Corporation/Limited Partnership



Signature

Chief Financial Officer

Title