

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3342378

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
PEKALL, LLC	04/13/2015
RECEIVING PARTY DATA	
Name:	MIRAGII, LLC
Street Address:	16885 WEST BERNARDO DRIVE, SUITE 320
City:	SAN DIEGO
State/Country:	CALIFORNIA
Postal Code:	92127
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	29509523
CORRESPONDENCE DATA	
Fax Number:	(858)794-1496
<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:	858-481-1883
Email:	kathy.wojtalewicz@themuellerlawoffice.com
Correspondent Name:	THE MUELLER LAW OFFICE, P.C.
Address Line 1:	12707 HIGH BLUFF DRIVE, SUITE 200
Address Line 4:	SAN DIEGO, CALIFORNIA 92130
ATTORNEY DOCKET NUMBER:	PEKAD001
NAME OF SUBMITTER:	KATHY ANN WOJTALEWICZ
SIGNATURE:	/Kathy Ann Wojtalewicz/
DATE SIGNED:	05/05/2015
Total Attachments: 4	
source=2015_04_13_Filed_LLC-10_Restated_Articles#page1.tif	
source=2015_04_13_Filed_LLC-10_Restated_Articles#page2.tif	
source=2015_04_21_Miragii_Filed_LLC-12#page1.tif	
source=2015_04_21_Miragii_Filed_LLC-12#page2.tif	

LLC-10

Restated Articles of Organization of a Limited Liability Company (LLC)

To restate the articles of organization of your California LLC, you can fill out this form, and submit for filing along with:

- A \$30 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form or document.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State.

Upon filing, these restated articles of organization will supersede the initial articles of organization and all amendments previously filed.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12).

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

FILED Secretary of State State of California

APR 13 2015

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business-programs/business-entities/filing-tips

1 LLC's Exact Name (on file with CA Secretary of State)

Pekall, LLC

2 LLC File No. (issued by CA Secretary of State)

201400810065

New LLC Name (Only complete Item 3 if you are changing the name of your LLC.)

3 Miragii, LLC

Proposed LLC Name

The proposed new name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company.

Purpose

4 The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

Management (Check only one.)

5 The LLC will be managed by:

- [x] One Manager [] More Than One Manager [] All Limited Liability Company Member(s)

Amendment to Text of the Articles of Organization (If needed, list both the current text, and the text as amended by this filing.)

6

LLC Addresses & Service of Process (If the LLC has not filed a Statement of Information (Form LLC-12), in an attachment to these Restated Articles of Organization list the LLC addresses and the agent for service of process information exactly as listed in the original articles of organization.)

Read and sign below: Unless a greater number is provided for in the Articles of Organization, this form must be signed by at least one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed.

Signature line with handwritten signature and 'Sign here' label.

Zhan Li

Print your name here

Manager

Your business title

Make check/money order payable to: Secretary of State. Upon filing, we will return one (1) uncertified copy of your filed document for free...

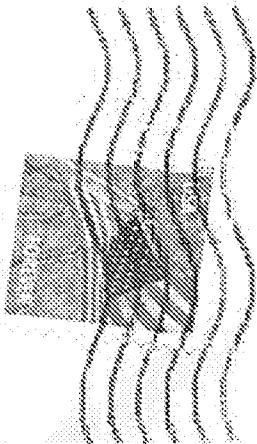
By Mail: Secretary of State, Business Entities, P.O. Box 944228, Sacramento, CA 94244-2280

Drop-Off: Secretary of State, 1500 11th Street, 3rd Floor, Sacramento, CA 95814

Secretary of State
Business Entities
PO Box 944228
Sacramento, CA 94244-2280

SACRAMENTO CA 957

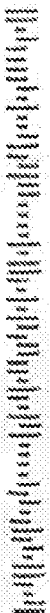
21 APR 2015 PM 6 L



Pring, LLC

John J Kang, Esq.
Law Offices of John J. Kang
7670 Opportunity Road, Suite 100
San Diego, CA 92111

9211122225





State of California
Secretary of State

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FILED
Secretary of State
State of California
APR 21 2015

STATEMENT OF INFORMATION
(Limited Liability Company)

139
C

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME

Miragii, LLC

21/20/PC

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File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 201400810065

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
16885 West Bernardo Drive, Suite 320	San Diego, CA		92127
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
16885 West Bernardo Drive, Suite 320	San Diego, CA		92127
7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
16885 West Bernardo Drive, Suite 320	San Diego	CA	92127

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
Zhan Li	16885 West Bernardo Dr., Suite 320	San Diego, CA		92127

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
Zhan Li	16885 West Bernardo Dr., Suite 320	San Diego, CA		92127
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address. a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Zhan Li

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
16885 West Bernardo Dr., Suite 320	San Diego	CA	92127

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Telecommunications technologies research, development and consulting

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

01/14/2015
DATE

Zhan Li
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

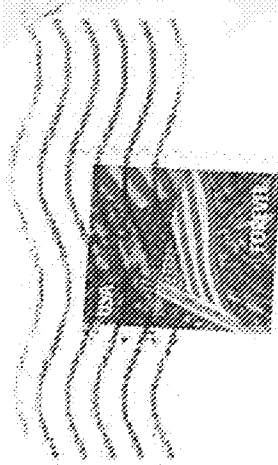
Manager
TITLE

Zhan Li
SIGNATURE

Secretary of State
Statement of Information Unit
PO Box 944230
Sacramento, CA 94244-2300

SACRAMENTO CA 957

28 APR 2015 PM 4 L



miraghi, LLC

John J Kang, Esq.
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7670 Opportunity Road, Suite 100
San Diego, CA 92111