503715444 03/01/2016

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT3762085

| SUBMISSION TYPE: | | NEW ASSIGNMENT | | |
|--|--|---|-------------------------------------|----------------|
| NATURE OF CONVEYANCE: | | CHANGE OF NAME | | |
| ONVEYING PARTY D | ΑΤΑ | | | |
| | | Name | | Execution Date |
| COLD PLASMA MEDICAL TECHNOL | | OGIES, INC. | | 12/18/2014 |
| RECEIVING PARTY DA | ТА | | | |
| Name: | PLASMOLOGY4, INC. | | | |
| Street Address: | 8502 E. PRINCESS DRIVE, SUITE 210 | | | |
| City: | SCOTTSDALE | | | |
| State/Country: | ARIZONA | | | |
| Postal Code: | 85255 | | | |
| | | | | |
| PROPERTY NUMBERS Total: 1 Property Type | | Number | | |
| Application Number | 10 | 600104 | | |
| Application Number: | 13 | 620104 | | |
| Application Number: CORRESPONDENCE D | | 620104 | | |
| | | 620104 | | |
| CORRESPONDENCE D Fax Number: <i>Correspondence will b</i> | ATA (20 e sent to th | 02)371-2540 ne e-mail address first; if tha | | |
| CORRESPONDENCE D Fax Number: <i>Correspondence will be</i> <i>using a fax number, if p</i> | ATA (20 e sent to th provided; in | 02)371-2540 | | |
| CORRESPONDENCE D Fax Number: <i>Correspondence will be using a fax number, if µ</i> Phone: | ATA (20 e sent to th provided; it 20 | 02)371-2540 ne e-mail address first; if tha f that is unsuccessful, it will | be sent vi | |
| CORRESPONDENCE D Fax Number: <i>Correspondence will be</i> | ATA (20 e sent to th provided; in 20: rhid | 02)371-2540 ne e-mail address first; if tha f that is unsuccessful, it will 2-371-2600 | <i>be sent vi</i> om | ia US Mail. |
| CORRESPONDENCE D Fax Number: <i>Correspondence will be using a fax number, if µ</i> Phone: Email: | ATA (20 e sent to th provided; in 20 rhid ST | 02)371-2540 ne e-mail address first; if tha f that is unsuccessful, it will 2-371-2600 cks@skgf.com, Imiller@skgf.c | <i>be sent vi</i> om IN & FOX | ia US Mail. |
| CORRESPONDENCE D Fax Number: <i>Correspondence will be using a fax number, if p</i> Phone: Email: Correspondent Name: | ATA (20 e sent to th provided; in 20 rhid ST ST | 02)371-2540 be e-mail address first; if tha f that is unsuccessful, it will 2-371-2600 cks@skgf.com, Imiller@skgf.c ʿERNE, KESSLER, GOLDSTE | <i>be sent vi</i> om IN & FOX | ia US Mail. |
| CORRESPONDENCE D Fax Number: <i>Correspondence will be using a fax number, if p</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 4: | ATA (20 e sent to th provided; in 20 rhid ST 11 W/ | 02)371-2540 be e-mail address first; if tha f that is unsuccessful, it will 2-371-2600 cks@skgf.com, Imiller@skgf.c ERNE, KESSLER, GOLDSTE 00 NEW YORK AVENUE, NW | <i>be sent vi</i> om IN & FOX | ia US Mail. |
| CORRESPONDENCE D Fax Number: <i>Correspondence will be using a fax number, if p</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 4: | ATA (20 e sent to th provided; in 20 rhid ST 11 W/ | 02)371-2540 be e-mail address first; if tha f that is unsuccessful, it will 2-371-2600 cks@skgf.com, Imiller@skgf.c ERNE, KESSLER, GOLDSTE 00 NEW YORK AVENUE, NW ASHINGTON, D.C. 20005 | <i>be sent vi</i> om IN & FOX | ia US Mail. |
| CORRESPONDENCE D Fax Number: <i>Correspondence will be using a fax number, if µ</i> Phone: Email: Correspondent Name: Address Line 1: | ATA (20 e sent to th provided; in 20 rhid ST 11 W/ | 02)371-2540 be e-mail address first; if tha f that is unsuccessful, it will 2-371-2600 cks@skgf.com, Imiller@skgf.com ERNE, KESSLER, GOLDSTE 00 NEW YORK AVENUE, NW ASHINGTON, D.C. 20005 3022.0030002 | <i>be sent vi</i> om IN & FOX | ia US Mail. |
| CORRESPONDENCE D Fax Number: <i>Correspondence will be using a fax number, if µ</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 4: ATTORNEY DOCKET NUNAME OF SUBMITTER: | ATA (20 e sent to th provided; in 20 rhid ST 11 W/ | 02)371-2540 be e-mail address first; if tha f that is unsuccessful, it will 2-371-2600 cks@skgf.com, Imiller@skgf.c ERNE, KESSLER, GOLDSTE 00 NEW YORK AVENUE, NW ASHINGTON, D.C. 20005 3022.0030002 ROSS G. HICKS | <i>be sent vi</i> om IN & FOX | ia US Mail. |
| CORRESPONDENCE D Fax Number: Correspondence will be using a fax number, if p Phone: Email: Correspondent Name: Address Line 1: Address Line 4: ATTORNEY DOCKET NUNAME OF SUBMITTER: SIGNATURE: | ATA (20 e sent to th provided; in 20 rhid ST 11 W/ | 02)371-2540 be e-mail address first; if tha f that is unsuccessful, it will 2-371-2600 cks@skgf.com, Imiller@skgf.c ERNE, KESSLER, GOLDSTE 00 NEW YORK AVENUE, NW ASHINGTON, D.C. 20005 3022.0030002 ROSS G. HICKS /Ross G. Hicks, #56,374/ | <i>be sent vi</i> om IN & FOX | ia US Mail. |

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I. ROSS MILLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on December 18, 2014, a Certificate of Amendment to its Articles of Incorporation changing the name to PLASMOLOGY4, INC., was filed in this office by COLD PLASMA MEDICAL TECHNOLOGIES, INC.. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certified By: Jason Hataway Certificate Number: C20141218-1752 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 18, 2014.

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ROSS MILLER Secretary of State