503801286 04/27/2016

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT3847933

SUBMISSION TYPE:	NEW ASSIGNMENT				
NATURE OF CONVEYANCE:	ASSIGNMENT				

CONVEYING PARTY DATA

Name	Execution Date		
CRAFT3	04/26/2016		

RECEIVING PARTY DATA

Name:	PORT OF GRAYS HARBOR
Street Address:	111 S. WOODING STREET
City: ABERDEEN	
State/Country:	WASHINGTON
Postal Code:	98520

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	5824246

CORRESPONDENCE DATA

Fax Number: (503)598-7373

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: 503-598-7070

Email: karine.gialella@jordanramis.com

Correspondent Name: DOUGLAS P CUSHING

Address Line 1: TWO CENTERPOINTE DRIVE, 600
Address Line 4: LAKE OSWEGO, OREGON 97035

NAME OF SUBMITTER:	DOUGLAS P. CUSHING				
SIGNATURE:	/Douglas P. Cushing/				
DATE SIGNED:	04/27/2016				
	This document serves as an Oath/Declaration (37 CFR 1.63).				

Total Attachments: 1

source=UCC Termination Port of Grays Harbor - Craft3#page1.tif

PATENT 503801286 REEL: 038392 FRAME: 0008

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UCC FINANCING STATEMENT AMENDMENT

	LOW INSTRUCTIONS	VILLIA I	•						
A. NAME & PHONE OF CONTACT AT FILER (optional) Roxann Bergeron 3606424265			Date of Filing : 04/25/2016						
	E-MAIL CONTACT AT FILER (optional)			Time of Fili	_				
	rbergeron@craft3.org			File Number					
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)			Lapse Date	:]	12/12/	2018		
	Roxann Bergeron 3606424265								
-	Craft3								
	PO Box 826								
lι	Ilwaco WA 98624								
				THE ABOVE	SPAC	CE IS FO	R FILING OFFICE	USE O	NLY
	INITIAL FINANCING STATEMENT FILE NUMBER 113-346-8302-4			1b. This FINANCING S (or recorded) in the			NDMENT is to be fi RECORDS	led [for r	ecord]
		fi - d - l					m UCC3Ad) and provide		
2.	▼ TERMINATION: Effectiveness of the Financing Statement identifestatement Statement Output Description: The Financing Statement identifestatement identifestatement Output Description: The Financing Statement identifestatement Output Description: The Financing Statement Output Description: The Financing Statement	fied above	e is terminated v	vith respect to the security	interes	t(s) of Sec	cured Party authoriz	ing this	ermination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate a				name of	f Assignor	in item 9		
4.	CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	ntified abo	ove with respect	to the security interest(s)	of Secu	ired Party	authorizing this Cor	ntinuatior	Statement is
5.	PARTY INFORMATION CHANGE:								
C	Check <u>one</u> of these two boxes: AND C		of these three b		DD nam	e: Comple	te item DELETE	namo: G	live record name
	his Change affects Debtor or Secured Party of record	item 6a	or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c7a		and item 7			em 6a or 6b
6. (CURRENT RECORD INFORMATION: Complete for Party Informat 6a. ORGANIZATION'S NAME	tion Chang	e - provide only	one name (6a or 6b)					
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSON	NAL NAME		ADDITIO	NAL NAME(S)/INITIA	AL(S)	SUFFIX
7. (I CHANGED OR ADDED INFORMATION: Complete for Assignment or Par	rty Informatio	n Change - provide	only <u>one</u> name (7a or 7b) (use exa	ct, full nar	ne; do not on	nit, modify, or abbreviate a	any part of t	he Debtor's name)
	7a. ORGANIZATION'S NAME								
OR	7b. INDIVIDUAL'S SURNAME								
	INDIVIDUAL'S FIRST PERSONAL NAME								
									T
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX
7c.	MAILING ADDRESS		CITY			STATE	POSTAL CODE		COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes:	ADD	collateral	DELETE collateral	R	ESTATE c	overed collateral	AS	SSIGN collateral
	Indicate collateral:								
	NAME OF SECURED PARTY OF RECORD AUTHORIZING				or 9b) (n	ame of As:	signor, if this is an As	ssignmen	t)
ľ	f this is an Amendment authorized by a DEBTOR, check here and and a. ORGANIZATION'S NAME	provide na	ame of authorizi	ng Debtor					
	Craft3								
OR	9b. INDIVIDUAL'S SURNAME		FIRST PERSON	IAL NAME		ADDITIO	NAL NAME(S)/INITIA	AL(S)	SUFFIX
	OPTIONAL FILER REFERENCE DATA: 5953								

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RECORDED: 04/27/2016

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