

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3927432

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	05/01/2016
CONVEYING PARTY DATA	
Name	Execution Date
I2C SOLUTIONS, LLC	04/29/2016
RECEIVING PARTY DATA	
Name:	ROCCOR, LLC
Street Address:	2602 CLOVER BASIN DRIVE, SUITE D
City:	LONGMONT
State/Country:	COLORADO
Postal Code:	80503
PROPERTY NUMBERS Total: 5	
Property Type	Number
Application Number:	61926057
Application Number:	14185669
Application Number:	14532650
Application Number:	62300885
Application Number:	62308960
CORRESPONDENCE DATA	
Fax Number:	
<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:	3038181728
Email:	dbwilson@wilsonpatentlaw.com
Correspondent Name:	DAVID B WILSON
Address Line 1:	4845 PEARL E. CIRCLE, SUITE 101
Address Line 4:	BOULDER, COLORADO 80301
ATTORNEY DOCKET NUMBER:	1010-P000
NAME OF SUBMITTER:	DAVID B. WILSON
SIGNATURE:	/David B. Wilson/
DATE SIGNED:	06/21/2016
Total Attachments: 5	

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Merger

with Document # 20161312967 of
i2C Solutions, LLC

Colorado Limited Liability Company

(Entity ID # 20111342011)

consisting of 4 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/31/2016 that have been posted, and by documents delivered to this office electronically through 06/03/2016@ 06:48:23.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/03/2016 @ 06:48:23 in accordance with applicable law. This certificate is assigned Confirmation Number 9679911



A handwritten signature in cursive script, reading "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

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Paper documents must be typewritten or machine printed.

20161312967
\$150.00
SECRETARY OF STATE
~~05/02/2016 09:57:59~~
04/29/2016 04:05:27

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger
(Surviving Entity is a Domestic Entity)
filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number	20111342011 <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	i2C Solutions, LLC		
Form of entity	Limited liability company		
Jurisdiction	Colorado		
<u>Street</u> address	500 S. Arthur Ave., Suite 300 <i>(Street number and name)</i>		
	Louisville <i>(City)</i>	CO <i>(State)</i>	80027 <i>(ZIP/Postal Code)</i>
	<i>(Province - If applicable)</i>	<i>(Country)</i>	
<u>Mailing</u> address <i>(leave blank if same as street address)</i>	<i>(Street number and name or Post Office Box information)</i>		
	<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>
	<i>(Province - If applicable)</i>	<i>(Country)</i>	

ID Number	 <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	 		
Form of entity	 		
Jurisdiction	 		

Street address

(Street number and name)

(City) *(State)* *(ZIP/Postal Code)*

(Province - if applicable) *(Country)*

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) *(State)* *(ZIP/Postal Code)*

(Province - if applicable) *(Country)*

ID Number

(Colorado Secretary of State ID number)

Entity name or true name

Form of entity

Jurisdiction

Street address

(Street number and name)

(City) *(State)* *(ZIP/Postal Code)*

(Province - if applicable) *(Country)*

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) *(State)* *(ZIP/Postal Code)*

(Province - if applicable) *(Country)*

(If the following statement applies, adapt the statement by marking the box and include an attachment.)

- There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number

20111264128
(Colorado Secretary of State ID number)

Entity name or true name

Roccor, LLC

Form of entity Limited liability company

Jurisdiction Colorado

Street address 500 S. Arthur Ave., Suite 300
(Street number and name)

Louisville CO 80027
(City) (State) (ZIP/Pastal Code)

(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address)
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Pastal Code)

(Province - if applicable) (Country)

3. Each merging entity has been merged into the surviving entity.

4. (If the following statement applies, adopt the statement by marking the box.)

The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. (If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)

One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____

Document number _____

Document number _____

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are 05/01/2016 12:01 am
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Sparks	Ben		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
Sparks Willson PC			
<i>(Street number and name or Post Office Box information)</i>			
24 S. Weber St., #400			
Colorado Springs	CO	80903	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
<i>(Province - if applicable)</i>	<i>(Country)</i>		

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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