

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT4021536

| | |
|---|------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | CHANGE OF NAME |
| CONVEYING PARTY DATA | |
| Name | Execution Date |
| ST ACQUISITION CO., LLC | 08/23/2016 |
| RECEIVING PARTY DATA | |
| Name: | STILLWATER TECHNOLOGIES, LLC |
| Street Address: | 2991 NEWMARK DRIVE |
| City: | MIAMISBURG |
| State/Country: | OHIO |
| Postal Code: | 45342 |
| PROPERTY NUMBERS Total: 1 | |
| Property Type | Number |
| Patent Number: | 4966506 |
| CORRESPONDENCE DATA | |
| Fax Number: | (937)223-6705 |
| <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: | (937) 449-5792 |
| Email: | collier@coollaw.com |
| Correspondent Name: | REBECCA COLLIER |
| Address Line 1: | 33 W. FIRST STREET |
| Address Line 2: | SUITE 200 |
| Address Line 4: | DAYTON, OHIO 45402 |
| ATTORNEY DOCKET NUMBER: | 013391-502 |
| NAME OF SUBMITTER: | REBECCA A. COLLIER |
| SIGNATURE: | /Rebecca A. Collier/ |
| DATE SIGNED: | 08/24/2016 |
| This document serves as an Oath/Declaration (37 CFR 1.63). | |
| Total Attachments: 4 | |
| source=Cert of Amendment re name change to Stillwater Technologies, LLC 8-23-16 (00834424@xA06A8)#page1.tif | |
| source=Cert of Amendment re name change to Stillwater Technologies, LLC 8-23-16 (00834424@xA06A8)#page2.tif | |

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201623602680

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|---------------------|-----------------------------|---|-----------------|-----------------|----------------|-------------|-------------|
| DATE: 08/24/2016 | DOCUMENT ID 201623602680 | DESCRIPTION AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM) | FILING 50.00 | EXPED 100.00 | PENALTY .00 | CERT .00 | COPY .00 |
|---------------------|-----------------------------|---|-----------------|-----------------|----------------|-------------|-------------|

Receipt

This is not a bill. Please do not remit payment.

COOLIDGE WALL CO., L.P.A.
MARTHA M. WELCH
33 W FIRST ST., SUITE 600
DAYTON, OH 45402

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

3922388

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

STILLWATER TECHNOLOGIES, LLC

and, that said business records show the filing and recording of:

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
201623602680

Effective Date: 08/23/2016



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 24th day of August, A.D. 2016.

Jon Husted

Ohio Secretary of State

**PATENT
REEL: 039800 FRAME: 0883**



Form 543A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time.

Requires an additional \$100.00)

P.O. Box 1390
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

07/14/2016

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

ST Acquisition Co., LLC

Name of limited liability company

3922388

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Stillwater Technologies, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

Three empty rectangular boxes for entering the purpose of the company.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

David A Brixey
Signature

Chairman
By (if applicable)

David S. Brixey
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Form 590 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 486-3910

www.OhioSecretaryofState.gov

busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Consent form must be signed by an authorized representative of the consenting entity.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name