504042255 10/07/2016

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4088916

SUBMISSION TYPE:							
NATURE OF CONVEYANCE:		CHANGE OF NAME					
ONVEYING PARTY D	ATA						
		Name	Execution Date				
YECANDY LLC			09/13/2016				
RECEIVING PARTY DA							
lame:		DYE CANDY LLC					
Street Address:	6443 SW BEAVERTON-HILLSDALE HWY						
nternal Address:		SUITE 100					
City:	PORTLAN	PORTLAND					
State/Country:	OREGON	OREGON					
Postal Code:	97221						
Property Type pplication Number:	14	Number 935214					
PROPERTY NUMBERS Total: 2 Property Type		Number					
• •							
Application Number:	13	195744					
CORRESPONDENCE D	ΑΤΑ						
		03)595-5301					
⁻ ax Number: Correspondence will b	(50 Se sent to th	e e-mail address first; if that is					
	(50 be sent to th provided; it	,					
Fax Number: <i>Correspondence will b using a fax number, if</i> Phone:	(50 be sent to th provided; it 503	ne e-mail address first; if that is f that is unsuccessful, it will be					
Fax Number: <i>Correspondence will b using a fax number, if</i> Phone: Email: Correspondent Name:	(50 be sent to th provided; it 503 mo KL	be e-mail address first; if that is f that is unsuccessful, it will be 35955300 organ.rafalski@klarquist.com ARQUIST SPARKMAN, LLP	sent via US Mail.				
Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1:	(50 be sent to th provided; i 50 mc KL 12	be e-mail address first; if that is f that is unsuccessful, it will be 35955300 organ.rafalski@klarquist.com ARQUIST SPARKMAN, LLP 1 SW SALMON ST., SUITE 1600	sent via US Mail.				
Fax Number: Correspondence will b Using a fax number, if Phone: Email: Correspondent Name: Address Line 1: Address Line 2:	(50 provided; in 50 mo KL 12 ON	be e-mail address first; if that is f that is unsuccessful, it will be 35955300 organ.rafalski@klarquist.com ARQUIST SPARKMAN, LLP 1 SW SALMON ST., SUITE 1600 NE WORLD TRADE CENTER	sent via US Mail.				
Fax Number: Correspondence will b Using a fax number, if Phone: Email: Correspondent Name: Address Line 1: Address Line 2:	(50 provided; in 50 mo KL 12 ON	be e-mail address first; if that is f that is unsuccessful, it will be 35955300 organ.rafalski@klarquist.com ARQUIST SPARKMAN, LLP 1 SW SALMON ST., SUITE 1600	sent via US Mail.				
Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 4:	(50 provided; in 50 mc KL 12 ON PC	be e-mail address first; if that is f that is unsuccessful, it will be 35955300 organ.rafalski@klarquist.com ARQUIST SPARKMAN, LLP 1 SW SALMON ST., SUITE 1600 NE WORLD TRADE CENTER	sent via US Mail.				
Fax Number: <i>Correspondence will b using a fax number, if</i> Phone: Email:	(50 provided; ii 50 mo KL 12 ON PC	be e-mail address first; if that is f that is unsuccessful, it will be 35955300 organ.rafalski@klarquist.com ARQUIST SPARKMAN, LLP 1 SW SALMON ST., SUITE 1600 NE WORLD TRADE CENTER ORTLAND, OREGON 97204	sent via US Mail.				
Fax Number: Correspondence will b using a fax number, if Phone: Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 2: Address Line 4: TTORNEY DOCKET N AME OF SUBMITTER:	(50 provided; ii 50 mo KL 12 ON PC	be e-mail address first; if that is a f that is unsuccessful, it will be 35955300 organ.rafalski@klarquist.com ARQUIST SPARKMAN, LLP 1 SW SALMON ST., SUITE 1600 NE WORLD TRADE CENTER ORTLAND, OREGON 97204 8670-86829-01/05	sent via US Mail.				
Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 4:	(50 provided; ii 50 mo KL 12 ON PC	be e-mail address first; if that is if that is unsuccessful, it will be 35955300 organ.rafalski@klarquist.com ARQUIST SPARKMAN, LLP 1 SW SALMON ST., SUITE 1600 NE WORLD TRADE CENTER ORTLAND, OREGON 97204 8670-86829-01/05 JOHANNA P. SCHWARTZ	sent via US Mail.				

source=86829-05_Name Change#page1.tif

	Secretary of State - Corporation Division - 255 Cap	oitol St. NE, Suite 151 - Sale	m, OR 97310-1327 - http://www.FilinginOr	Limited Liability Con egon.com - Phone: (503) 986-2
	ARTICLES OF AMENDMENT (Complete Amendment)	te only 1, 2, 3, 6)	FILED	Print Form
	CARTICLES OF DISSOLUTION (Comple	ete 4, 5, 6)		
	BER: 1190060-96		SEP 17 2016	Reset Form
in the second seco	gon Revised Statute 192.410-192.490, the information formation to all parties upon request and it will be pr	osled on our website.	SECRETABY OF STATE	For office use only
Please Type or Print	Legibly in Black Ink. Attach Additional Sheet	-		
		LES OF AMENDMI	ENT ONLY	
	: DyeCandy LLC			
	NG AMENDMENT(S) TO THE ARTICLES (amended to read.)			
ARTICLE 1:	The name of the Company is Dye	Candy LLC (the "	Company"), and its duration	shall be perpetual.
			· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·			
-	· · · · · · · · · · · · · · · · · · ·			
·				
	K THE APPROPRIATE STATEMENT:			
	ment was adopted by the manager(s) w	vithout member actio	n. Member action was not requir	red,
Date of add	option of each amendment:		· .	
This amend	ment(s) was approved by the members.	100 percent o	f the members approved the am	endment(s).
		. <u>100</u> percent o nber 13 ,2016	f the members approved the am	endment(s).
			f the members approved the am	endment(s)
	ption of each amendment: Septer	nber 13 ,2016		endment(s)
Date of ado	ption of each amendment: Septer			endment(s)
Date of ado	ption of each amendment: Septer	nber 13 ,2016		endment(s).
Date of ado	Providential Septem ARTICL	nber 13 ,2016		endment(s).
Date of ado 4. NAME OF LIM 5. DATE OF DISS	Provide the amendment: Septer ARTICL	mber 13 ,2016 ES OF DISSOLUTIO	DN ONLY	· · · · · · · · · · · · · · · · · · ·
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1	ARTICL ITED LIABILITY COMPANY:	mber 13 ,2016 ES OF DISSOLUTIO	DN ONLY	·····
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1	ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized signered, and complete. Making false statements in	mber 13 ,2016 ES OF DISSOLUTIO	ON ONLY en examined by me and is, to the best the law and may be penalized by fines	·····
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, cgr	ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized signer. Prin	mber 13 ,2016 ES OF DISSOLUTIO	ON ONLY en examined by me and is, to the best the law and may be penalized by fines Title:	of my knowledge and , imprisonment or both.
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, cgr	ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized signer. Prin	mber 13 ,2016 ES OF DISSOLUTIO	ON ONLY en examined by me and is, to the best the law and may be penalized by fines Title:	·····
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, cgr	ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized signer. Prin	mber 13 ,2016 ES OF DISSOLUTIO	ON ONLY en examined by me and is, to the best the law and may be penalized by fines Title:	of my knowledge and s, imprisonment or both.
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, cgr	ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized signer. Prin	mber 13 ,2016 ES OF DISSOLUTIO	ON ONLY en examined by me and is, to the best the law and may be penalized by fines Title:	of my knowledge and s, imprisonment or both.
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, corr Signature	ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized sign rect, and complete. Making false statements in Prin Ka	mber 13 ,2016 ES OF DISSOLUTIO	DN ONLY en examined by me and is, to the best the law and may be penalized by fines Title:	of my knowledge and s, Imprisonment or both. ger and Member
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, corr Signature Signature CONTACT NAME; (T	ARTICL ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized sign rect, and complete, Making false statements in Prin Ka To resolve questions with this filing)	mber 13 ,2016 ES OF DISSOLUTIO her, that this filing has be this document is against ited Name: thryn Madison	DN ONLY en examined by me and is, to the best the law and may be penalized by fines Title: Manag	of my knowledge and , imprisonment or both. ;er and Member
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, corr Signature Signature CONTACT NAME; (T Addison Hen	ARTICL ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized sign rect, and complete. Making false statements in Prin Ka To resolve questions with this filing) in	mber 13 ,2016 ES OF DISSOLUTIO her, that this filing has be this document is against ited Name: thryn Madison FEES	DN ONLY en examined by me and is, to the best the law and may be penalized by fines Title:	of my knowledge and , imprisonment or both. ;er and Member
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, corr Signature	ARTICL ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized sign rect, and complete. Making false statements in Prin Kar To.resolve questions with this filing) In Include area code)	mber 13 ,2016 ES OF DISSOLUTIO her, that this filing has be this document is against itted Name: thryn Mladison FEES Required	DN ONLY en examined by me and is, to the best the law and may be penalized by fines Title: Manag	of my knowledge and , imprisonment or both. ger and Member
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, corr Signature	ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized sign rect, and complete. Making false statements in Prin Kar To.resolve questions with this filing) in Include area code) 3	mber 13 ,2016 ES OF DISSOLUTIO her, that this filing has be this document is against nted Name: thryn Madison FEES Required Processing Free copies	DN ONLY en examined by me and is, to the best the law and may be penalized by fines Title: Manag R Manag	of my knowledge and s, imprisonment or both. ger and Member yable to "Corporation Division";
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, corr Signature	ARTICL ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized sign rect, and complete. Making false statements in Prin Kar To.resolve questions with this filing) In Include area code)	mber 13 ,2016 ES OF DISSOLUTIO her, that this filing has be this document is against nted Name: thryn Madison FEES Required Processing Free copies	DN ONLY en examined by me and is, to the best the law and may be penalized by fines Title: Manag Manag Ref	of my knowledge and s, Imprisonment or both. ger and Member ger and Member yable to. "Corporation Division": weiness Name Sparch program.
Date of ado 4. NAME OF LIM 5. DATE OF DISS 6. EXECUTION: 1 belief, true, corr Signature	ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized sign rect, and complete. Making false statements in Prin Kar To.resolve questions with this filing) in Include area code) 3	mber 13 ,2016 ES OF DISSOLUTIO her, that this filing has be this document is against nted Name: thryn Madison FEES Required Processing Free copies	DN ONLY en examined by me and is, to the best the law and may be penalized by fines Title: Manag Manag Ref	of my knowledge and s, imprisonment or both. ger and Member yable to "Corporation Division";
Date of ado	ARTICL ITED LIABILITY COMPANY: OLUTION: By my signature, I declare as an authorized sign rect, and complete. Making false statements in Prin Kar To.resolve questions with this filing) in Include area code) 3	mber 13 ,2016 ES OF DISSOLUTIO her, that this filing has be this document is against itted Name: thryn Mladison FEES Required Processing Free copies (05/14)	DN ONLY en examined by me and is, to the best the law and may be penalized by fines Title: Manag Manag Ref	of my knowledge and s, Imprisonment or both. ger and Member ger and Member yable to. "Corporation Division": weiness Name Sparch program.

RECORDED: 10/07/2016