

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT4103451

|   |                                 |                       |
|---|---------------------------------|-----------------------|
| <b>SUBMISSION TYPE:</b>   | NEW ASSIGNMENT                  |                       |
| <b>NATURE OF CONVEYANCE:</b>  | CHANGE OF NAME                  |                       |
| <b>CONVEYING PARTY DATA</b>   |                                 |                       |
|   | <b>Name</b>                     | <b>Execution Date</b> |
|   | VAXIION THERAPEUTICS, INC.      | 01/24/2014            |
| <b>RECEIVING PARTY DATA</b>   |                                 |                       |
| <b>Name:</b>  | VAXIION THERAPEUTICS, LLC       |                       |
| <b>Street Address:</b>  | 11585 SORRENTO VALLEY RD.       |                       |
| <b>Internal Address:</b>  | SUITE 105                       |                       |
| <b>City:</b>  | SAN DIEGO                       |                       |
| <b>State/Country:</b>   | CALIFORNIA                      |                       |
| <b>Postal Code:</b>   | 92121                           |                       |
| <b>PROPERTY NUMBERS Total: 1</b>  |                                 |                       |
|   | <b>Property Type</b>            | <b>Number</b>         |
|   | Application Number:             | 15044403              |
| <b>CORRESPONDENCE DATA</b>  |                                 |                       |
| <b>Fax Number:</b>  | (949)760-9502                   |                       |
| <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> |                                 |                       |
| <b>Phone:</b>   | 9497600404                      |                       |
| <b>Email:</b>   | efiling@knobbe.com              |                       |
| <b>Correspondent Name:</b>  | KNOBBE MARTENS OLSON & BEAR LLP |                       |
| <b>Address Line 1:</b>  | 2040 MAIN STREET                |                       |
| <b>Address Line 2:</b>  | 14TH FLOOR                      |                       |
| <b>Address Line 4:</b>  | IRVINE, CALIFORNIA 92614        |                       |
| <b>ATTORNEY DOCKET NUMBER:</b>  | VAX.026C1                       |                       |
| <b>NAME OF SUBMITTER:</b>   | JING LIU                        |                       |
| <b>SIGNATURE:</b>   | /Jing Liu/                      |                       |
| <b>DATE SIGNED:</b>   | 10/19/2016                      |                       |
| <b>Total Attachments: 2</b>   |                                 |                       |
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| source=Vaxiion_Therapeutics_LLC#page2.tif   |                                 |                       |

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State of California  
Secretary of State

2283712 out

Limited Liability Company  
Articles of Organization - Conversion

LLC-1A

File # 201402710354

**FILED**  
Secretary of State  
State of California

JAN 24 2014

This Space For Filing Use Only

IMPORTANT — Read all instructions before completing this form.

## Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

Vaxilon Therapeutics, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):



One Manager



More Than One Manager



All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA

11585 Sorrento Valley Rd., Suite 105

City

San Diego

State

CA

Zip Code

92121

5. Initial Mailing Address of Limited Liability Company, if different from Item 4

City

State

Zip Code

6. Name of Initial Agent For Service of Process (Item 6: List a California resident or a California registered corporate agent that agrees to be your initial agent for service of process in case the LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Item 7: If the agent is an individual, list the agent's business or residential street address in California. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file. Item 8: If the converting entity is a CA limited partnership, enter the mailing address of the agent, if different from Item 7, or if the agent is a California registered corporate agent.)

Terry Trzcinka

7. If an Individual, Street Address of Agent for Service of Process in CA

4025 Sorrento Valley Rd.

City

San Diego

State

CA

Zip Code

92121

8. Mailing Address of Agent for Service of Process

City

State

Zip Code

## Converting Entity Information

9. Name of Converting Entity

Vaxilon Therapeutics, Inc.

10. Form of Entity

Corporation

11. Jurisdiction

California

12. CA Secretary of State File Number, if any

C2283712

13. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote.

AND

The percentage vote required of each class.

Common Stock -- 22,893,260 shares entitled to vote

51%

Series A Preferred Stock -- 4,000,000 shares entitled to vote

51%

## Additional Information

14. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

15. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Signature of Authorized Person

Scott Pancoast, Chairman of the Board

Type or Print Name and Title of Authorized Person

Terry Trzcinka, Secretary

Type or Print Name and Title of Authorized Person

LLC-1A (REV 01/2014)

APPROVED BY SECRETARY OF STATE

PATENT

REEL: 040419 FRAME: 0084



I hereby certify that the foregoing  
transcript of 1 page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

JAN 27 2014

Date: \_\_\_\_\_

*Debra Bowen*

DEBRA BOWEN, Secretary of State