504365306 05/12/2017

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4411998

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CERTIFICATE OF CONVERSION

#### **CONVEYING PARTY DATA**

Name	Execution Date
KEITHLEY INSTRUMENTS, INC.	06/02/2016

#### **RECEIVING PARTY DATA**

Name:	KEITHLEY INSTRUMENTS, LLC
Street Address:	28775 AURORA ROAD
City:	SOLON
State/Country:	ОНЮ
Postal Code:	44139

#### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	15395812

#### **CORRESPONDENCE DATA**

**Fax Number:** (503)274-4622

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:** 503-222-3613

Email: LisaBennett@techlaw.com

**Correspondent Name:** MARGER JOHNSON **Address Line 1:** 888 SW 5TH AVENUE

Address Line 2: SUITE 1050

Address Line 4: PORTLAND, OREGON 97204

ATTORNEY DOCKET NUMBER:	11652-US1-9025-1629
NAME OF SUBMITTER:	KEVIN S. ROSS
SIGNATURE:	/Kevin S. Ross/
DATE SIGNED:	05/12/2017

### **Total Attachments: 5**

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PATENT REEL: 042453 FRAME: 0560

504365306



Form 700 Prescribed by: JON HUSTED
OHIO SECRETARY OF STATE Toll Free. (877) SOS-FILE. (877-767-3453) Central Ottio. (614) 466-3910

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America Orio Secretary of State. gov

File online or for more information: www.OHBusinessCentral open

Regular Filing (non expedite) P.O. Bax 1339 Columbus, OH 43216

# **Certificate for Conversion for Entities Converting** Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99

(1) Converting Within The Records of the Ohio Secretary of State		(2) Converting Off The Records of the Ohio Secretary of State (187-VXX)			
Name of the converting entity	Keithley instruments, Inc.				
Jurisdiction of Formation	Ohio				
Charter/Registration Number	249998		C Fil	3110	
The converting entity is a: Check Only (1) One Box)			CLERT SERVICE DEBINEN	5411 -3 -3	
☑Domestic Corporation (For-F	Profit or Nonprofit)	Partnership			
Foreign Corporation (For-Profit or Nonprofit)		☐Domestic Limited Partnership	£	اند. ب	
Domestic Nonprofit Limited Liability Company		☐Foreign Limited Partnership	2	<u> </u>	
Foreign Nonprofit Limited Lia	bility Company	Domestic Limited Liability Partnership	Ţ.,		
Domestic For-Profit Limited I	iability Company	Foreign Limited Liability Partnership			
☐Foreign For-Profit Limited Lie	bility Company	,			
he converting entity hereby state nd that those laws permit the col	es that it has complied with a eversion.	all laws in the jurisdiction under which it exists			
Farm 700					
Form 700	Page	e 1 of 5	Doudes -		

Last Revised: 9/24/2015

REEL: 042453 FRAME: 0561

Name of the converted entity	Keithley Instruments,	LLC		
Jurisdiction of Formation	Ohio			
The converted entity is a: Check Only (1) One Box)				
Domestic Corporation (For-F	Profit)	Partnership		
Foreign Corporation (For-Pro		Domestic Limit	ed Partners	hin
Domestic Nonprofit Limited L		☐Foreign Limited		
Foreign Nonprofit Limited Lia	·	Domestic Limit		•
☑Domestic For-Profit Limited I		Foreign Limited	•	•
Foreign For-Profit Limited Liz			Liuonity ( c	ndlei amp
Optional)  O6/05/2016  Jame and address of the person equest.	specified in the cer	•		
		· · · · · · · · · · · · · · · · · · ·		
Keithley Instruments, LLC				
28775 Aurora Road				
Mailing Address				
Solon			Н	44139
City		S	tate	Zip Code
the converting entity is a domest ddress of the statutory agent upo	tic or foreign entity that	will not be licensed in Ot	nio provide	the name and
E4.70 A				
Mailing Address			hio	
ı				
ı		A-7-40 -11	ete.	Zin Code
Mailing Address  City		A-7-40 -11	ate	Zip Code
ı	es a new domestic ent s a foreign entity that	Sity,	iness in O	nio: or

Last Revised: 9/24/2015

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so. Required Must be signed by an authorized representative. President & Secretary James F. O'Reilly Print Name Signature By (if applicable) Print Name Signature By (if applicable) Print Name Form 700 Page 3 of 5 Last Revised: 9/24/2015

Columbus, Ohio 43215  *Only required for domestic for-profit corporations  *Ourmight: Regular: P.O. Box 182413 P.O. Box 182413  Columbus, OH 43218-2413 Columbus, OH 43218-2413  *Ourmight: P.O. Box 182413  Columbus, OH 43218-2413 Columbus, OH 43218-2413  The corporation is not required to pay or the department of taxation has not assessed any personal property tax.  *Columbus, OH 43218-2382  Dissolution@tax.state.oh.us  *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation.  see* note below]  *Note: Domestic for-profit corporations must submit with this filling a Certificate of Tax Clearance issued by the Ohio Department of Taxation	Name of Corporation	Keithley Instruction of the sence was advised IN WRITING OF The sence was advised to the se	Name of Name o	of Corporation dates indicated be				
The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the applicability of the provisions of section 1701.95 of the ORC.  Agency  Date Notified  Ohio Bureau of Workers' Compensation 30 W Spring Street Columbus, Ohio 43215  Only required for domestic for-profit corporations  Only required for domestic for-profit corporations  Date Notified  Ohio Department of Taxation Fax: 614-752-4811  Phone: 814-466-2319  Organization 19 One	Name of Corporation  The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governme agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.  Agency  Date Notified  Ohio Bureau of Workers'  Compensation  30 W. Spring Street  Columbus, Ohio 43215  *Only required for domestic for-profit corporations  Ohio Department of Taxation  Taxapyer Services Division/Tax Release Unit  OD Box 182382  Dissolution@tax. state oh us  Complete this date notified field only if the corporation.  *Note: Domestic for-profit corporations must submit with this filling a Certificate of Tax Clearance issued by the Ohio Department of the corporation.  **Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.	a undersigned, being first duly sworn, de encies was advised IN WRITING of the inowledgement by the corporation of the ency	Name of colorest that on the scheduled date of the applicability of the	dates indicated be	elow, each of t	1		
agency	The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmagencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.  Agency Date Notified  Onio Bureau of Workers' Compensation   06/02/2016   Agency Date Notified   Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: Regular: P.O. Box 182413 Columbus, OH 43218-2413 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us Complete this date notified field only if the corporation is addressed non-profit corporation or foreign corporation.  *Note: Domestic for-profit corporations must submit with this filling a Certificate of Tax Clearance issued by the Ohio Department of the corporation.  Signature of the corporation of the corporation.	nowledgement by the corporation of the ency	eclares that on the scheduled date of applicability of the	dates indicated be	elow, each of t			
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*Note: Domestic for-profit corporations must submit with this filling a Certificate of Tax Clearance issued by the Ohio Department of Taxation ote: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.  Signature Title Vice President & Secretary  James F. O'Reilly Name  2200 Pennsylvania Ave NW. Suite 800W  Mailing Address  Washington D.C. 20037  City State Zip Code  worn to and subscribed in my presence on 6/2/2016  Date  Commission Expires 7/31/247  Date  The Chart State Tommission Expires 7/31/247  Date  Form 700	*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of ote: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.	mestic non-profit corporation or foreign com	poration					
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Date  Title Vice President & Secretary  James F. O'Reilly Name  2200 Pennsylvania Ave NW. Suite 800W  Mailing Address  Washington  D.C. 20037  State Zip Code  Porm 700  Date  Commission  Expires  7/31/2017  Date  Title Vice President & Secretary  Title Vice President & Secretary  Discussion  Expires  7/31/2017  Date	ote: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.		i					
Washington  City  State  Zip Code  worn to and subscribed in my presence on  6/2/2016  Date  Commission  Expires  Notary Public  Date	2200 Pennsylvania Ave NW, Suite 800W	2000 on profit corporations must s	ubmit with this filing	a Certificate of Tax (	Clearance issue	d by the Ohio Department of Taxatio		
City  State  Zip Code  vorn to and subscribed in my presence on 6/2/2016  Date  Commission  Expires  7/31/24/7  Date	Mailing Address	gnature grames F. O'Reilly	or more persons ex	recuting the certific	cate or by an o	officer of the corporation.		
City  State  Zip Code  worn to and subscribed in my presence on 6/2/2016  Date  Commission  Expires  Notary Public  Date	Washington	gnature grant F. O'Reilly arme	or more persons ex	recuting the certific	cate or by an o	officer of the corporation.		
Porm 700	D.O.   120037	gnature gnatur	or more persons ex	ecuting the certific	eate or by an o	officer of the corporation.		
Date  Date  Commission Expires  Notary Public  Commission Expires  7/31/247  Date	City State Zip Code	gnature gnatur	or more persons ex	ecuting the certific	eate or by an o	officer of the corporation.		
COMMISSION Expires 7/31/2017 Notary Public Date		gnature gnatur	or more persons ex	cecuting the certific	eate or by an o	officer of the corporation.  Sident & Secretary		
COMMISSION Expires 7/31/2017 Notary Public Date	N. A. D. C. E. F. A. L. Laie	gnature gnatur	or more persons ex	cecuting the certific	eate or by an o	officer of the corporation.  Sident & Secretary		
Form 700 Page 4 of 5 Last Revised: 9/3//2014	STATION OF VARY	gnature gnatur	or more persons ex	cecuting the certific	eate or by an o	officer of the corporation.  Sident & Secretary		
	Commission Commission Expires 7/31/2017	gnature gnatur	6/2/2016 Date  May Clust	cecuting the certific	te Vice Pres	sident & Secretary  20037 Zip Code		

REEL: 042453 FRAME: 0564

AFFIDAVIT OF PERSONAL PROPERTY				
State of Ohio County of Cuyahoga  James F. O'Reilly Name of Officer				
Vice President & Secretary Title of Officer	of Keithley Instrume Name of Corpora			
and that this affidavit is made in compliance That above-named corporation: (Check on   Has no personal property in  Is the type required to pay  Has personal property in the  Cuyahoga	ne (1) of the following) n any county in Ohio personal property taxes to state authorit	f the Ohio Revised Code. ties only		
Signature:  Sworn to and subscribed in my presence of Seal		ident & Secretary		
	Dây (1) Notary Pyblic	ish Eggl		
Expiration date of Notary Public's Commiss  OF COMMISSION  EXPIRES  7/31/2017  Form 700	oion Date 07/31/2017			
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