

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4603152

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
COMSERO, LLC	01/25/2016
RECEIVING PARTY DATA	
Name:	COMSERO, INC.
Street Address:	15448 MOUNTAIN VIEW CIRCLE
City:	BROOMFIELD
State/Country:	COLORADO
Postal Code:	80023
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15669770
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>	
Email:	sbrock@sheridanross.com
Correspondent Name:	SHERIDAN ROSS PC
Address Line 1:	1560 BROADWAY
Address Line 2:	SUITE 1200
Address Line 4:	DENVER, COLORADO 80202
ATTORNEY DOCKET NUMBER:	7719-1-DIV
NAME OF SUBMITTER:	BRUCE A. KUGLER
SIGNATURE:	/Bruce A. Kugler/
DATE SIGNED:	09/20/2017
Total Attachments: 4	
source=Statement of Conversion with Cert of Good Standing#page1.tif	
source=Statement of Conversion with Cert of Good Standing#page2.tif	
source=Statement of Conversion with Cert of Good Standing#page3.tif	
source=Statement of Conversion with Cert of Good Standing#page4.tif	

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Comsero, Inc.

is an entity formed or registered under the law of Delaware, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131082310.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/22/2017 that have been posted, and by documents delivered to this office electronically through 08/23/2017 @ 13:53:10.

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 08/23/2017 @ 13:53:10 in accordance with applicable law. This certificate is assigned Confirmation Number 10408729.



A handwritten signature in cursive script that reads "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."



Colorado Secretary of State
 Date and Time: 01/25/2016 12:01 PM
 ID Number: 20131082310
 Document number: 20161058178
 Amount Paid: \$50.00

Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
 of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Conversion Converting a Domestic Entity into a Foreign Entity
 filed pursuant to § 7-90-201.7 (1) and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number, entity name, form of entity, jurisdiction under the law of which it is formed, and principal office address are

ID number 20131082310
 (Colorado Secretary of State ID number)

Entity name Comsero, LLC

Form of entity Limited Liability Company

Jurisdiction Colorado

Principal office street address 15448 Mountain View Circle
 (Street number and name)

Broomfield CO 80023
 (City) (State) (ZIP/Postal Code)

United States
 (Province – if applicable) (Country)

Principal office 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)

2. For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name Comsero, Inc.

Form of entity Foreign Corporation

Jurisdiction Delaware

Street address 15448 Mountain View Circle
 (Street number and name)

Broomfield CO 80023
 (City) (State) (ZIP/Postal Code)

United States
 (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)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (Mark the applicable box and complete the statement. Caution: Mark only one box.)

The resulting foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

or

The resulting foreign entity maintains a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)

or

(if an entity) Comsero, Inc.
(Caution: Do not provide both an individual and an entity name.)

Street address 15448 Mountain View Circle
(Street number and name)

Broomfield CO 80023
(City) (State) (ZIP Code)

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

(City) CO _____
(State) (ZIP Code)

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

This document contains additional information as provided by law.

6. (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 _____
(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.

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

<u>Gregory</u>	<u>Garcia</u>	<u>M</u>	
(Last)	(First)	(Middle)	(Suffix)
<u>Kendall, Koenig & Oelsner PC</u>			
(Street number and name or Post Office Box information)			
<u>2060 Broadway Street Suite 200</u>			
<u>Boulder</u>	<u>CO</u>	<u>80302</u>	
(City)	(State)	(ZIP/Postal Code)	
<u></u>		<u></u>	
(Province – if applicable)		(Country)	

(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.

Disclaimer:

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