

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT4573649

<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>
SD3, LLC	07/03/2017
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	SAWSTOP HOLDING LLC
<b>Street Address:</b>	11555 S.W. MYSLONY STREET
<b>City:</b>	TUALATIN
<b>State/Country:</b>	OREGON
<b>Postal Code:</b>	97062
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	13393919
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(503)570-3303
<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>	5035703200
<b>Email:</b>	renee@sawstop.com
<b>Correspondent Name:</b>	STEPHEN F. GASS
<b>Address Line 1:</b>	11555 S.W. MYSLONY STREET
<b>Address Line 4:</b>	TUALATIN, OREGON 97062
<b>ATTORNEY DOCKET NUMBER:</b>	SDT 363A
<b>NAME OF SUBMITTER:</b>	STEPHEN F. GASS
<b>SIGNATURE:</b>	/Stephen Gass/
<b>DATE SIGNED:</b>	08/30/2017
This document serves as an Oath/Declaration (37 CFR 1.63).	
<b>Total Attachments: 2</b>	
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source=SD3_Name_Change#page2.tif	



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone:(503)986-2200  
www.filinginoregon.com

**Registry Number: 766516-87**  
**Type: DOMESTIC LIMITED LIABILITY COMPANY**

**Next Renewal Date: 08/01/2017**

SAWSTOP HOLDING LLC  
11555 SW MYSLONY ST  
TUALATIN OR 97062

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

**Document**  
ARTICLES OF AMENDMENT

**Filed On**  
07/06/2017

**Jurisdiction**  
OREGON

**Name**  
SAWSTOP HOLDING LLC

**Principal Place of Business**  
11555 SW MYSLONY ST  
TUALATIN OR 97062

**Registered Agent**  
STEPHEN F GASS  
1730 SW SCHAEFFER RD  
WEST LINN OR 97068

**Mailing Address**  
11555 SW MYSLONY ST  
TUALATIN OR 97062

**Member**  
STEPHEN F GASS  
1730 SW SCHAEFFER ROAD  
WEST LINN OR 97068

**Member**  
J DAVID FULMER  
4823 IRELAND LN  
WEST LINN OR 97068

**Member**  
DAVID A FANNING  
4020 NE 171ST AVE  
VANCOUVER WA 98682

Note: More names are on file.



Articles of Amendment/Dissolution - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97331-3344 http://www.filinginoregon.com - Phone: (503) 986-2200

ARTICLES OF AMENDMENT (Complete only 1, 2, 3, 6)

ARTICLES OF DISSOLUTION (Complete 4, 5, 6)

FILED

JUL 06 2017

Print Form

Reset Form

REGISTRY NUMBER: 766516-87

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website. Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

OREGON SECRETARY OF STATE

For office use only

ARTICLES OF AMENDMENT ONLY

1. ENTITY NAME: SD3, LLC

2. THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY: (State the article number(s) and set forth the article(s) as it is amended to read.)

ARTICLE I

Name

The name of the limited liability company is SawStop Holding LLC.

3. PLEASE CHECK THE APPROPRIATE STATEMENT:

This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment:

This amendment(s) was approved by the members. 100 percent of the members approved the amendment(s).

Date of adoption of each amendment: 7/3/2017

ARTICLES OF DISSOLUTION ONLY

4. NAME OF LIMITED LIABILITY COMPANY:

5. DATE OF DISSOLUTION:

6. EXECUTION: By my signature, I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: Cordula Weindel

Printed Name: CORDULA WEINDELER

Title: AUTHORIZED SIGNATORY

CONTACT NAME: (To resolve questions with this filing)

Rebecca Floren

PHONE NUMBER: (Include area code)

312-258-4656

FEES

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at FilingInOregon.com using the Business Name Search program.

Articles of Amendment/Dissolution - Limited Liability Company (05/14)