

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT4682981

<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>
IBERDROLA RENEWABLES, LLC	02/12/2016
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	AVANGRID RENEWABLES, LLC
<b>Street Address:</b>	1125 NW COUCH ST., SUITE 700
<b>City:</b>	PORTLAND
<b>State/Country:</b>	OREGON
<b>Postal Code:</b>	97209
<b>PROPERTY NUMBERS Total: 2</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	62075791
<b>Application Number:</b>	14934040
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(503)595-5301
<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>	503-595-5300
<b>Email:</b>	erin.vaughn@klarquist.com
<b>Correspondent Name:</b>	MICHAEL GIRARD, KLARQUIST SPARKMAN LLP
<b>Address Line 1:</b>	121 SW SALMON ST., STE. 1600
<b>Address Line 2:</b>	ONE WORLD TRADE CENTER
<b>Address Line 4:</b>	PORTLAND, OREGON 97204-2927
<b>ATTORNEY DOCKET NUMBER:</b>	8964-93701-02
<b>NAME OF SUBMITTER:</b>	MICHAEL P. GIRARD
<b>SIGNATURE:</b>	/Michael P. Girard/
<b>DATE SIGNED:</b>	11/09/2017
<b>Total Attachments: 2</b>	
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source=8964-93701-02_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: 448526-89  
Type: DOMESTIC LIMITED LIABILITY COMPANY

Next Renewal Date: 03/15/2016

AVANGRID RENEWABLES, LLC  
1125 NW COUCH ST STE 700  
PORTLAND OR 97209

### 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**  
02/18/2016

**Jurisdiction**  
OREGON

**Name**  
AVANGRID RENEWABLES, LLC

**Principal Place of Business**  
1125 NW COUCH ST STE 700  
PORTLAND OR 97209

**Registered Agent**  
CORPORATION SERVICE COMPANY  
1127 BROADWAY STREET NE STE 310  
SALEM OR 97301

**Mailing Address**  
1125 NW COUCH ST STE 700  
PORTLAND OR 97209

**Manager**  
IBERDROLA RENEWABLES HOLDINGS, INC.  
1125 NW COUCH ST  
PORTLAND OR 97209



# Articles of Amendment/Dissolution - Limited Liability Company

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

FEB 18 2016

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER: 448526-89

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.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

## ARTICLES OF AMENDMENT ONLY

1. ENTITY NAME: Iberdrola Renewables, 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 1

The name of the Limited Liability Company (the "Company") is Avangrid Renewables, 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: February 12, 2016

## 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

W. Benjamin Lackey

Secretary

CONTACT NAME: (To resolve questions with this filing)

Maria Rojas

PHONE NUMBER: (include area code)

484-654-2138

### FEES

Required Processing Fee \$100

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

Free copies are available at [FilingInOregon.com](http://FilingInOregon.com) using the Business Name Search program.

PATENT

REEL: 044707 FRAME: 0350