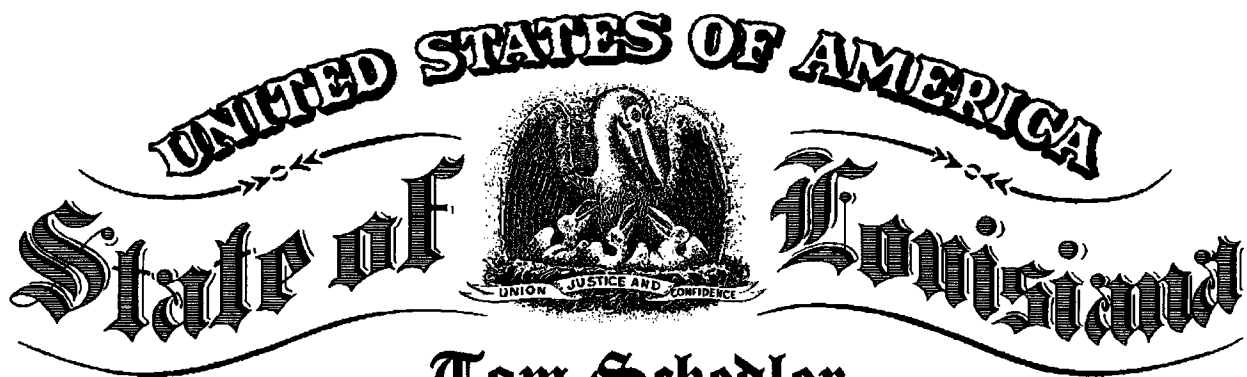


PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4722247

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
VECTOR MEDICAL, LLC	06/23/2017
RECEIVING PARTY DATA	
Name:	SIGHT MEDICAL, LLC
Street Address:	1410 NEEL KIRBY BLVD., SUITE 207
City:	ALEXANDRIA
State/Country:	LOUISIANA
Postal Code:	71303
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14984868
CORRESPONDENCE DATA	
Fax Number:	(225)248-3109
<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:	hbrown@joneswalker.com
Correspondent Name:	LANCE A. FOSTER
Address Line 1:	JONES WALKER LLP
Address Line 2:	8555 UNITED PLAZA BLVD., FIFTH FLOOR
Address Line 4:	BATON ROUGE, LOUISIANA 70809
ATTORNEY DOCKET NUMBER:	38112/150616-01
NAME OF SUBMITTER:	LANCE A. FOSTER
SIGNATURE:	/lance a. foster/
DATE SIGNED:	12/06/2017
Total Attachments: 1	
source=Change of Name#page1.tif	



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

SIGHT MEDICAL, LLC

A LOUISIANA limited liability company domiciled at ALEXANDRIA,

Filed charter and qualified to do business in this State on September 11, 2013,

I further certify the records of this Office indicate the following previous name(s):

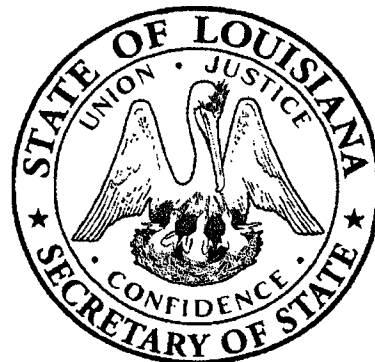
VECTOR MEDICAL LLC (Changed: 06/23/2017)

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 28, 2017

Secretary of State

SC 41285707K



Certificate ID: 10891933#ARK73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov