

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5018616

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
EXIMIS SURGICAL, LLC	12/01/2017
RECEIVING PARTY DATA	
Name:	EXIMIS SURGICAL INC.
Street Address:	315 W SOUTH BOULDER ROAD
Internal Address:	SUITE 110
City:	LOUISVILLE
State/Country:	COLORADO
Postal Code:	80027
PROPERTY NUMBERS Total: 10	
Property Type	Number
Patent Number:	9522034
Application Number:	15350810
Patent Number:	9649147
Application Number:	15484895
Application Number:	62398726
Application Number:	15712436
Application Number:	62656251
PCT Number:	US1541407
PCT Number:	US1651965
PCT Number:	US1753028
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:	paul@nodiplay.com
Correspondent Name:	NEUGEBORN O'DOWD PC
Address Line 1:	1227 SPRUCE STREET
Address Line 2:	SUITE 200
Address Line 4:	BOULDER, COLORADO 80302

ATTORNEY DOCKET NUMBER:	1425.1000
NAME OF SUBMITTER:	CRAIG A. NEUGEBOREN
SIGNATURE:	/Craig A. Neugeboren/
DATE SIGNED:	06/21/2018
Total Attachments: 4 source=1425_Certfied_Copy_of_Conversion#page1.tif source=1425_Certfied_Copy_of_Conversion#page2.tif source=1425_Certfied_Copy_of_Conversion#page3.tif source=1425_Certfied_Copy_of_Conversion#page4.tif	

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Statement of Conversion

with Document # 20171901390 of
Eximis Surgical Inc.

Delaware Foreign Corporation

(Entity ID # 20141353571)

consisting of 3 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/10/2018 that have been posted, and by documents delivered to this office electronically through 05/11/2018 @ 15:26:10.

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 05/11/2018 @ 15:26:10 in accordance with applicable law. This certificate is assigned Confirmation Number 10896273



A handwritten signature in cursive script, reading "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."



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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.

Colorado Secretary of State
Date and Time: 12/01/2017 01:02 PM
ID Number: 20141353571
Document number: 20171901390
Amount Paid: \$50.00

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	<u>20141353571</u> (Colorado Secretary of State ID number)		
Entity name	<u>Eximis Surgical LLC</u>		
Form of entity	<u>Limited Liability Company</u>		
Jurisdiction	<u>Colorado</u>		
Principal office street address	<u>315 W South Boulder Rd</u> (Street number and name) <u>Suite 110</u> <u>Louisville</u> <u>CO</u> <u>80027</u> (City) (State) (ZIP/Postal Code) <u>United States</u> (Province – if applicable) (Country)		
Principal office mailing address (leave blank if same as street address)	<u></u> (Street number and name or Post Office Box information) <u></u> (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	<u>Eximis Surgical Inc.</u>		
Form of entity	<u>Foreign Corporation</u>		
Jurisdiction	<u>Delaware</u>		
Street address	<u>315 W South Boulder Rd</u> (Street number and name) <u>Suite 110</u> <u>Louisville</u> <u>CO</u> <u>80027</u> (City) (State) (ZIP/Postal Code) (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)

Johnson

Kristin

(Last)

(First)

(Middle)

(Suffix)

or

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

315 W. South Boulder Rd

(Street number and name)

Suite 110

Louisville

(City)

CO

(State)

80027

(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>Lee</u>	<u>Robin</u>	<u>K.</u>	<u></u>
(Last)	(First)	(Middle)	(Suffix)
<u>c/o Cooley LLP</u>			
(Street number and name or Post Office Box information)			
<u>380 Interlocken Crescent, Ste 900</u>			
<u>Broomfield</u>	<u>CO</u>	<u>80021</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.

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