

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT5172558

<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>
RAYCO MANUFACTURING MERGER SUB, LLC	11/13/2017
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	RAYCO MANUFACTURING, LLC
<b>Street Address:</b>	4255 EAST LINCOLN WAY
<b>City:</b>	WOOSTER
<b>State/Country:</b>	OHIO
<b>Postal Code:</b>	44691-8601
<b>PROPERTY NUMBERS Total: 9</b>	
<b>Property Type</b>	<b>Number</b>
Patent Number:	5638619
Patent Number:	5746261
Patent Number:	6026871
Patent Number:	5203388
Patent Number:	5497815
Patent Number:	5623979
Patent Number:	7481386
Patent Number:	7874504
Patent Number:	7658215
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(330)244-1173
<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>	330-244-1174
<b>Email:</b>	docket@sandandsebolt.com
<b>Correspondent Name:</b>	SAND & SEBOLT
<b>Address Line 1:</b>	4940 MUNSON STREET NW
<b>Address Line 2:</b>	AEGIS TOWER, SUITE 1100
<b>Address Line 4:</b>	CANTON, OHIO 44718-3615
<b>NAME OF SUBMITTER:</b>	LAURA L. BEOGLOS
<b>SIGNATURE:</b>	/Laura L. Beoglos/

PATENT

<b>DATE SIGNED:</b>	10/04/2018
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**Total Attachments: 3**  
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source=2135 Change of Name#page2.tif  
source=2135 Change of Name#page3.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/15/2017	201731802216	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY  
 ATTN: DEANNE E. SCHAUSEIL  
 50 W. BROAD STREET, SUITE 1330  
 COLUMBUS, OH 43215

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
 4073767

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**RAYCO MANUFACTURING, LLC**

and, that said business records show the filing and recording of:

Document(s)  
**LIMITED LIABILITY COMPANY - AMENDMENT**  
 Effective Date: 11/13/2017

Document No(s):  
**201731802216**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of the  
 Secretary of State at Columbus, Ohio this  
 15th day of November, A.D. 2017.

*Jon Husted*  
 Ohio Secretary of State

**PATENT**

Form 543A Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) 808-FILE (877-767-3453)  
Central Ohio: (614) 468-3910  
www.OhioSecretaryofState.gov  
hustevj@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two business day processing time)  
Requires an additional \$100.00

P.O. Box 1399  
Columbus, OH 43216

For screen readers, follow instructions located at this path.

## Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Restatement (142-LRA)

Date of Formation  
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation  
(MM/DD/YYYY)

The undersigned authorized representative of:

Name of Limited Liability Company

Registration Number

2017 NOV 13 PM 3:36  
OFFICE CENTER

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

PATENT

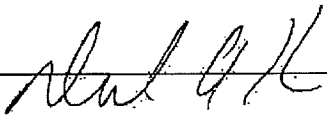
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



Signature

By (if applicable)

David A. Herr, CEO

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name