## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5713426

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

#### **CONVEYING PARTY DATA**

Name	Execution Date		
VASCULAR SOLUTIONS, INC.	08/08/2017		

## **RECEIVING PARTY DATA**

Name:	ne: VASCULAR SOLUTIONS LLC	
Street Address:	6464 SYCAMORE COURT NORTH	
Internal Address: C/O INTELLECTUAL PROPERTY DEPARTMENT		
City:	MINNEAPOLIS	
State/Country:	MINNESOTA	
Postal Code:	55369	

## **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	16386026

### **CORRESPONDENCE DATA**

Fax Number:

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.

**Email:** request@slwip.com

Correspondent Name: SCHWEGMAN LUNDBERG & WOESSNER P.A.

Address Line 1: P.O. BOX 2938

Address Line 4: MINNEAPOLIS, MINNESOTA 55402

ATTORNEY DOCKET NUMBER:	3195.079US3
NAME OF SUBMITTER:	ROBIN L. MONSEES
SIGNATURE:	/ ROBIN L. MONSEES /
DATE SIGNED:	09/11/2019

## **Total Attachments: 8**

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# RECORDATION FORM COVER SHEET PATENTS ONLY

Atty Ref/Docket No.: 3195.079US3 Patent and Trademark Office To the Director of the U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof. 2. Name and address of receiving party(ies): 1. Name of conveying party(ies): Name: Vascular Solutions LLC Vascular Solutions, Inc. Street Address: 6464 Sycamore Court North Additional name(s) of conveying party(ies) attached? c/o Intellectual Property Department [ ]Yes [X]No City: Minneapolis State: MN Zip: 55369 Country: United States of America 3. Nature of conveyance: Additional name(s) & address(es) attached? [ ]Yes [X]No [ ] Assignment [ ] Merger [ ] Security Agreement [X] Change of Name [ ] Other Execution Date: August 8, 2017 4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: A. Patent Application No.(s) B. Patent No.(s) Serial No. 16/386,026 Additional numbers attached? [ ]Yes [X]No 6. Total number of applications and patents involved: 1 5. Name and address of party to whom correspondence concerning document should be mailed: 7. Total fee (37 CFR 3.41):\$ 0.00 Name: Gregory W. Smock []Enclosed []Authorized to be charged to deposit account 19-Address: 0743 Schwegman Lundberg & Woessner, P.A. P.O. Box 2938 Please charge any additional fees or credit any over Minneapolis, Minnesota 55402 payments to our Deposit Account No.: 19-0743 DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Gregory W. Smock/Reg. No. 60,208 Name of Person Signing Date Signature Total number of pages including cover sheet: 8 Mail documents to be recorded with required cover sheet information to: Commissioner of Patents and Trademarks Mail Stop Assignment Recordation Services P.O. Box 1450

Alexandria, VA 22313-1450

# Office of the Minnesota Secretary of State Certificate of Conversion

1, Steve Simon, Secretary of State of Minnesota, certify that: the documentation required to effectuate a conversion by the entity listed below from the law under which the entity was previously governed to the law under which it is governed after the issuance of this certificate, on the date listed and has been approved pursuant to the procedures required in the chapter indicated.

Conversion Filed Pursuant to Minnesota Statutes, Chapter: 302A

Home Jurisdiction and Name of Converting Entity:

Minnesota: Vascular Solutions, Inc.

After Conversion, Entity is governed by Minnesota Statutes, Chapter; 322C

Home Jurisdiction and Name of Entity after the Effective Date of Conversion:

Minnesota: Vascular Solutions LLC

This Certificate has been issued on: 08/08/2017

Steve Simon

Secretary of State State of Minnesota

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# Office of the Minnesota Secretary of State Certificate of Organization

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name:

Vascular Solutions LLC

File Number:

960473300051

Minnesota Statutes, Chapter:

322C

This certificate has been issued on:

08/08/2017



Steve Simon

Secretary of State State of Minnesota

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96-421

# Office of the Minnesota Secretary of State Articles of Conversion Minnesota Statutes, Chapter's 302A & 322B

Read the instruction before completing this form.

Filling Fee: \$55 for expedited service in-person, \$35 if submitted by mail



The following type of organization is being converted into another organization and was approved as required by Chapter 302A or Chapter 322B.

1. Check the appropriate box for this conversion filling:
⊠ Business Corporation (Domestic) governed under Chapter 302A converting to a Limited Liability Company (Domestic) under Chapter 322C.  ☐ Business Corporation (Domestic) governed under Chapter 302A converting to a Limited Liability Company (Foreign).  ☐ Business Corporation (Domestic) governed under Chapter 302A to a Business Corporation (Foreign).  ☐ Business Corporation (Foreign) converting to a Business Corporation (Domestic) under Chapter 302A  ☐ Business Corporation (Foreign) converting to a Limited Liability Company (Domestic) under Chapter 322C.
☐ Limited Liability Company (Domestic) governed under Chapter 322B converting to a Business Corporation (Domestic) under Chapter 302A.  ☐ Limited Liability Company (Domestic) governed under Chapter 322B converting to a Limited Liability Company (Foreign).  ☐ Limited Liability Company (Domestic) governed under Chapter 322B converting to a Business Corporation (Foreign).  ☐ Limited Liability Company (Foreign) converting to a Business Corporation (Domestic) under Chapter 302A.
2. Name of Organization <u>before</u> the Conversion is: (Required)
Vescular Sciulions, Inc.
Home Jurisdiction of Organization before the Conversion is: Minnesota

# Office of the Minnesota Secretary of State Articles of Conversion

Minnesota Statutes, Chapter's 302A & 322B

4,	Name of the Organization after the Conversion shall be: (Required)
Va	scular Solutions LLC
5.	Home Jurisdiction of Organization after the Conversion shall be: Minnesota
	The time the Conversion is effective under the governing statute of the Converted Organization is:
Sec	he converting organization is a domestic organization, the plan of conversion was approved under ction 302A.684. If the converting organization is a foreign organization, the conversion was approved required by the governing statue of the converted organization.
7.	The Terms and Conditions of the Proposed Conversion are:
1	Il shares of the converting entity automatically prior to the conversion shall be convented to memberatify interests in the convented entity
	to Terms and Conditions are listed, the undersigned personally certifies that there are no Terms and inditions
8.	A Converted Organization that is a foreign organization and not authorized to transact business in this state appoints the secretary of state as its agent for service of process for purposes of enforcing a debt, obligation, or other liability under this subdivision. The street address of an office that the secretary of state may use for the purposes of section 302A.691, subdivision 3 or 322B.791, subdivision 3 is:
N	of Applicable.
9,	Include a copy of the Articles of incorporation or Articles of Organization with the Articles and Plan of Conversion. (Required).

# Office of the Minnesota Secretary of State Articles of Conversion

Minnesota Statutes, Chapter's 302A & 322B

10. I, the undersigned, certify that i am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document i am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document is under oath.

Authorized Signature of Individual on Bahalf of the Converting Company or Authorized Agent (Required)

## **Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

A check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List the name and daytime phone number of a person who can be contacted about this form:

Dwayne Rifchie 1. 610: 225. 6905

Contact Name and Phone Number

Entities that own, lease or have any financial interest in agricultural land or land capable of being farmed must registered with the Minnesota Department of Agriculture's Corporate Farm Program.

ArticlesofConversionRev,9/22/2015

Office of the Minnesota Secretary of State
Minnesota Limited Liability Company | Articles of Organization
Minnesota Statiaes, Chapter 322C

Read the instructions before completing this form.

Filling Fee: \$155 for expedited service in-person and online filings, \$135 if by mail

Note: A professional organization governed under Chapter 319B must include an attachment with the following information: (This information is only required if this is a professional organization.)

<ol> <li>Statement that the Minnesota firm elects to 3.19B.01 to 319B.12.</li> </ol>	. ,				-	•	
2. List the professional survice fun organizati	on is authorized to provide under	Minn	etota Stalufes	, Chapte	#319	B, aubd i	9,
The undersigned organizer(s), in order to f adopt the following:	orm a Limited Liability Comp	any ur	ider Minnesi	na Statu	ités, C	hapter 3	22 C
Article I - Name of Limited Liability Comp	vany (Required)			والمناوع والمنافظة	و مان ماند ماند ماند و الماند	and the second street of	
Vascular Solutions LLC			5. 16				
(The company jums must include the words t	anited Liability Company or the	abbre	viation LLC)			.e	The same
Article II - Registered Office Address and Agi	oht (A Registered Office Address	is Re	(dired)				
2345 Rice Street	And the second second	Ro	seville	j	ИŃ	55113	
Street Address (A PO Box by itself is not accep	otable)	Ci	ty		tate	Zip Co	de
Registered Agent at the above address is:	Corporation Service Con	ıpan	y	سدندياسدند مراجع			
Article III — Duration The period of duration for this limited liability	company shall be perpetual;	ı	ii Fitan airi	9-9-7-			
I, the undersigned, certify that I am signing this person(s) whose signature would be required a repactities. I further certify that I have completed to the compliance with the applicable and in compliance with the applicable and parties of the penalties of parties as set forth in	vhö has äuthorized me to sign thi ted all required fields; and that th chapter of Minneacta Statutes. I n Section 609.48 as if I had sign	is docu is infor unders ad this	ment on Itis/I mation in thi stand that by s document un	ier beha s docum ilgning t der oath	lf, or i ient is this do	n both true and countent I	ain
Uo/nh ₹, Dergen /	6464 Sycamore Gurt			MN	353	169	للد
Organizat's Nato	Street Address	Gity	r Jacobsky	State	Zip	·	
			Augu	st 8	, 2	017	
Signature	en gang per melani yan aye	-	Dato U		*** **		
And the second of the Samuel State of the Samu		T			Chips Square		7
Organizer's Namo	Street Address	Ck)		State	Zip	***************************************	
<u> </u>		Ĭ				-	]
Signature			Date		,		
Empti Address for Official Nedoca Enter an email address to which the Secretary of including this submission:	of State can forward official noti	ces l'ec	uified by law	and othe	er noti	čes,	. , ,
Check here to have your email address exc	luded from requests for bulk dat	u, to Th	e extent allow	ved by h	Ainmes	ofa law.	
List a name and daytime phone number of a			this form:				
DWAYNE RITCHIE	1. 610. 225. 69	****			•		
Entities that own, lease, or have any financia	d interest in agricultural land	or lan	i espuble of	nt gulac	rmed	must	

register with the MN Dopt. of Agriculture's Corporate Farm Program.



## File Numbers

96047330003

960473300051

9L-421

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED

8/8/2017 11:59:00 PM

Steve Simon

Secretary of State

PATENT REEL: 050343 FRAME: 0115

**RECORDED: 09/11/2019**