

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT5768278

|                                                                                                                                                                                                 |                                         |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------|
| <b>SUBMISSION TYPE:</b>                                                                                                                                                                         | NEW ASSIGNMENT                          |                       |
| <b>NATURE OF CONVEYANCE:</b>                                                                                                                                                                    | CONVERSION                              |                       |
| <b>CONVEYING PARTY DATA</b>                                                                                                                                                                     |                                         |                       |
|                                                                                                                                                                                                 | <b>Name</b>                             | <b>Execution Date</b> |
|                                                                                                                                                                                                 | FECON, INC.                             | 10/03/2018            |
| <b>RECEIVING PARTY DATA</b>                                                                                                                                                                     |                                         |                       |
| <b>Name:</b>                                                                                                                                                                                    | FECON, LLC                              |                       |
| <b>Street Address:</b>                                                                                                                                                                          | 3460 GRANT DRIVE                        |                       |
| <b>City:</b>                                                                                                                                                                                    | LEBANON                                 |                       |
| <b>State/Country:</b>                                                                                                                                                                           | OHIO                                    |                       |
| <b>Postal Code:</b>                                                                                                                                                                             | 45036                                   |                       |
| <b>PROPERTY NUMBERS Total: 1</b>                                                                                                                                                                |                                         |                       |
|                                                                                                                                                                                                 | <b>Property Type</b>                    | <b>Number</b>         |
|                                                                                                                                                                                                 | Application Number:                     | 29701497              |
| <b>CORRESPONDENCE DATA</b>                                                                                                                                                                      |                                         |                       |
| <b>Fax Number:</b>                                                                                                                                                                              | (513)698-5085                           |                       |
| <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>                                                                                                                                                                                   | 5136985084                              |                       |
| <b>Email:</b>                                                                                                                                                                                   | ipdocketing@ulmer.com                   |                       |
| <b>Correspondent Name:</b>                                                                                                                                                                      | CHRISTOPHER A. SINGH, ULMER & BERNE LLP |                       |
| <b>Address Line 1:</b>                                                                                                                                                                          | 600 VINE ST.                            |                       |
| <b>Address Line 2:</b>                                                                                                                                                                          | SUITE 2800                              |                       |
| <b>Address Line 4:</b>                                                                                                                                                                          | CINCINNATI, OHIO 45202                  |                       |
| <b>ATTORNEY DOCKET NUMBER:</b>                                                                                                                                                                  | FEC 0014D NA/27014.0058                 |                       |
| <b>NAME OF SUBMITTER:</b>                                                                                                                                                                       | CHRISTOPHER A. SINGH                    |                       |
| <b>SIGNATURE:</b>                                                                                                                                                                               | /CHRISTOPHER A. SINGH/                  |                       |
| <b>DATE SIGNED:</b>                                                                                                                                                                             | 10/14/2019                              |                       |
| <b>Total Attachments: 9</b>                                                                                                                                                                     |                                         |                       |
| source=Fecon_Inc-to-Fecon_LLC#page1.tif                                                                                                                                                         |                                         |                       |
| source=Fecon_Inc-to-Fecon_LLC#page2.tif                                                                                                                                                         |                                         |                       |
| source=Fecon_Inc-to-Fecon_LLC#page3.tif                                                                                                                                                         |                                         |                       |
| source=Fecon_Inc-to-Fecon_LLC#page4.tif                                                                                                                                                         |                                         |                       |
| source=Fecon_Inc-to-Fecon_LLC#page5.tif                                                                                                                                                         |                                         |                       |

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source=Fecon\_Inc-to-Fecon\_LLC#page9.tif



| DATE       | DOCUMENT ID  | DESCRIPTION                         | FILING | EXPED  | CERT | COPY |
|------------|--------------|-------------------------------------|--------|--------|------|------|
| 10/04/2018 | 201827700078 | Conversion Within SOS Records (CVS) | 99.00  | 200.00 | 0.00 | 0.00 |

**Receipt**

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

UNISEARCH INC.  
3958-D BROWN PARK DR  
HILLIARD, OH 43026

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**  
**813624**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**FECON, LLC**

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

Document(s)

**Conversion Within SOS Records**

Effective Date: 10/03/2018

CHANGE BUSINESS TYPE FOR. PROFIT LIM. LIAB. CO.

Document No(s):

**201827700078**



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  
4th day of October, A.D. 2018.

**Ohio Secretary of State**

Form 700 Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

Busserv@OhioSecretaryofState.gov

File online or for more information:

www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

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.

P.O. Box 1390 Requires an additional \$100.00.)

Columbus, OH 43216

## Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

**Filing Fee: \$99**

**Form Must Be Typed**

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio  
Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio  
Secretary of State (187-VXX)**

Name of the converting entity

Fecon, Inc.

Jurisdiction of Formation

OH

Charter/Registration Number

813624

The converting entity is a:

(Check Only (1) One Box)

☐ Domestic Nonprofit Corporation☒ Domestic For-Profit Corporation☐ Foreign Nonprofit Corporation☐ Foreign For-Profit Corporation☐ Domestic Nonprofit Limited Liability Company☐ Foreign Nonprofit Limited Liability Company☐ Domestic For-Profit Limited Liability Company☐ Foreign For-Profit Limited Liability Company☐ Partnership☐ Domestic Limited Partnership☐ Foreign Limited Partnership☐ Domestic Limited Liability Partnership☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

|                                                                                  |                                                                 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Name of the converted entity                                                     | <input type="text" value="Fecon, LLC"/>                         |
| Jurisdiction of Formation                                                        | <input type="text" value="Delaware"/>                           |
| The converted entity is a:<br>(Check Only (1) One Box)                           |                                                                 |
| <input type="checkbox"/> Domestic For-Profit Corporation                         |                                                                 |
| <input type="checkbox"/> Domestic Professional Association                       |                                                                 |
| <input type="checkbox"/> Foreign Nonprofit Corporation                           |                                                                 |
| <input type="checkbox"/> Foreign For-Profit Corporation                          | <input type="checkbox"/> Partnership                            |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company            | <input type="checkbox"/> Domestic Limited Partnership           |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company             | <input type="checkbox"/> Foreign Limited Partnership            |
| <input type="checkbox"/> Domestic For-Profit Limited Liability Company           | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input checked="" type="checkbox"/> Foreign For-Profit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership  |

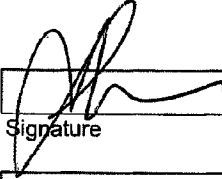
|                                                                                                                          |                                   |                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| Effective Date (MM/DD/YYYY)                                                                                              | <input type="text"/>              | (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate) |  |
| (Optional)                                                                                                               |                                   |                                                                                                                   |  |
| Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request. |                                   |                                                                                                                   |  |
| <input type="text" value="Katz Teller"/>                                                                                 |                                   |                                                                                                                   |  |
| Name                                                                                                                     |                                   |                                                                                                                   |  |
| <input type="text" value="255 E Fifth St Ste 2400"/>                                                                     |                                   |                                                                                                                   |  |
| Mailing Address                                                                                                          |                                   |                                                                                                                   |  |
| <input type="text" value="Cincinnati"/>                                                                                  | <input type="text" value="Ohio"/> | <input type="text" value="45202"/>                                                                                |  |
| City                                                                                                                     | State                             | Zip Code                                                                                                          |  |

|                                                                                                                                                                                                        |                                 |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|
| <b>Required information that must accompany conversion certificate if box 2 is checked</b>                                                                                                             |                                 |                      |
| If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served. |                                 |                      |
| <input type="text"/>                                                                                                                                                                                   |                                 |                      |
| Name of Statutory Agent                                                                                                                                                                                |                                 |                      |
| <input type="text"/>                                                                                                                                                                                   |                                 |                      |
| Mailing Address                                                                                                                                                                                        |                                 |                      |
| <input type="text"/>                                                                                                                                                                                   | <input type="text" value="OH"/> | <input type="text"/> |
| City                                                                                                                                                                                                   | State                           | ZIP Code             |

|                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| See instructions for additional filing requirements if                                          |
| (1) the conversion creates a new domestic entity,                                               |
| (2) the converted entity is a foreign entity that desires to transact business in Ohio; or      |
| (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity. |

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 an  
authorized representative.



Signature

By (if applicable)

John G. Heekin

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

Fecon, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

|                                                                                                                                                                                                                                                                             |                                                               |                                                                                                                                                        |                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Agency</b><br>Ohio Bureau of Workers' Compensation<br>30 W. Spring Street<br>Columbus, Ohio 43215                                                                                                                                                                        | <b>Date Notified</b><br>(MM/DD/YYYY)<br><div>09/26/2018</div> | <b>Agency</b><br>Ohio Job & Family Services<br>Status and Liability Section<br>Data Correspondence Control<br>Fax: 614-752-4811<br>Phone: 614-466-2319 | <b>Date Notified</b><br>(MM/DD/YYYY)<br><div>09/26/2018</div>         |
| * Only required for domestic for-profit corporations                                                                                                                                                                                                                        |                                                               | <b>Overnight Address:</b><br>P.O. Box 182413<br>Columbus, OH 43218-2413                                                                                | <b>Regular Address:</b><br>P.O. Box 182413<br>Columbus, OH 43218-2413 |
| <b>Agency</b><br>Ohio Department of Taxation<br>Taxpayer Services/Tax Release Unit<br>P.O. Box 182382<br>Columbus, OH 43218-2382<br>Dissolution@tax.state.oh.us                                                                                                             | <b>Date Notified</b><br>(MM/DD/YYYY)<br><div></div>           | <input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.              |                                                                       |
| * Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation.<br>* Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation. |                                                               |                                                                                                                                                        |                                                                       |

**Note:** This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature

Title

John G. Heekin

Name

3460 Grant

Mailing Address

Lebanon

City

Ohio

State

45036

ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

9/26/18



AMY E. BROWN  
 Notary Public, State of Ohio  
 My Commission Expires  
 October 18, 2021

Notary Public

Date Commission Expires (MM/DD/YYYY)

**AFFIDAVIT OF PERSONAL PROPERTY**State of OhioCounty of WarrenJohn G. Heekin

Name of Officer

President

Title of Officer

of

Fecon, Inc.

Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86(H)

That above-named corporation: (Check one (1) of the following)

- ☐ Has no personal property in any county in Ohio
- ☐ Is the type required to pay personal property taxes to state authorities only
- ☒ Has personal property in the following county (ies)

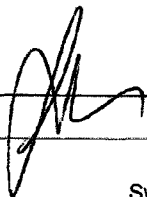
Warren

County

County

County

Signature



Title

President

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

9/26/18

Seal



AMY E. BROWN  
Notary Public, State of Ohio  
My Commission Expires  
October 18, 2021

Notary Public

Date Commission Expires (MM/DD/YYYY)



Sep 24 2018 8:42AM HP Fax

page 1



PO Box 182382  
Columbus, OH 43218-2382  
tax.ohio.gov



AMY BROWN  
255 E FIFTH ST STE 2400  
CINCINNATI, OH 45202  
USA

September 24, 2018  
Contact ID: 5409210148

RE: Certificate of Tax Clearance  
Entity Name: Fecon Inc  
Ohio Charter # 00813624  
Certificate Issue Date: 09/24/2018

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

A handwritten signature in black ink, appearing to read "Joseph W. Testa".

Joseph W. Testa  
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit  
Phone: 1-855-995-4422  
Fax: 1-206-984-0378  
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1

PATENT  
REEL: 050718 FRAME: 0758

Form 533B Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

Busserv@OhioSecretaryofState.gov

File online or for more information:

www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 670

Columbus, OH 43216

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

P.O. Box 1390

Columbus, OH 43261

**RECEIVED**

## Registration of a Foreign Limited Liability Company

OCT - 3 2018

Filing Fee: \$99

Form Must Be Typed

OHIO SECRETARY OF STATE

CHECK ONLY ONE (1) BOX

(1) Registration of a Foreign For-Profit Limited Liability Company  
(106-LFA)  
ORC 1705

☒

Jurisdiction of Formation

Date of Formation

(2) Registration of a Foreign Nonprofit Limited Liability Company  
(106-LFA)  
ORC 1705

☐

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

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

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Corporate Statutory Services, Inc.

Name of Agent

255 E Fifth Ste 2400

Mailing Address

Cincinnati

City

Ohio

State

45202

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

**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 an authorized 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)

John G. Heekin

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name