PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5850492

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

CONVEYING PARTY DATA

Name	Execution Date
BIO-MICROBICS, INC.	06/28/2018

RECEIVING PARTY DATA

Name:	BIOMICROBICS, INC.
Street Address:	16002 WEST 110TH STREET
City:	LENEXA
State/Country:	KANSAS
Postal Code:	66219

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	15036738

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.

Phone: 816-753-1000

Email: USPT@polsinelli.com

Correspondent Name: POLSINELLI PC

Address Line 1:900 W. 48TH PLACE, SUITE 900Address Line 4:KANSAS CITY, MISSOURI 64112

ATTORNEY DOCKET NUMBER:	060873-545006
NAME OF SUBMITTER:	MICHAEL WILLIAMSON
SIGNATURE: /Michael Williamson/	
DATE SIGNED:	12/04/2019

Total Attachments: 1

source=KansasSecretaryOfStateNameChange#page1.tif

PATENT 505803663 REEL: 051188 FRAME: 0494



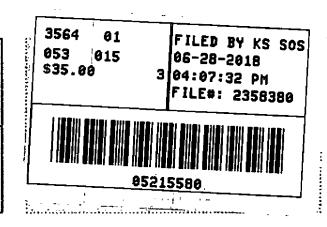
KANSAS SECRETARY OF STATE

Domestic For-Profit Corporation

Certificate of Amendment

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@sos.ks.gov www.sos.ks.gov



This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

Business entity ID number

Not Federal Employer to Number (FEIN).

2358380

2. Name of corporation

Must match name on record with Secretary of State.

BIO-MICROBICS, INC.

3. The articles of incorporation are amended as follows:

Article I is deleted in its entirety and replaced with the following:

ARTICLE I

The name of the corporation is BioMicrobics, Inc.

- 4. The amendment was duly adopted in accordance with the provisions of K.S.A. 1702709(a) or 17-6602.
- 5. Future Effective date

Must be within 90 days of filing date.

Upon tiling

Poture effective date

;

· Day

Year

6. I declare under penalty of perjury under the laws of the state of Nansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Ciffoor

X
Name of Staner (printed or typed)

Month 06

Month

عد

2018

Robert J. Rebori, President

Phone Number

K.S.A. 17-6602, 17-2709(a)

Please review to ensure completion

PATENT REEL: 051188 FRAME: 0495