

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5947358

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
SCYFIX, LLC	03/12/2019
RECEIVING PARTY DATA	
Name:	BIOVISICS MEDICAL, LLC
Street Address:	127 BRIDGE AVE E., SUITE 225
City:	DELANO
State/Country:	MINNESOTA
Postal Code:	55328
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	7251528
CORRESPONDENCE DATA	
Fax Number:	(612)359-9349
<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>	
Phone:	6126779050
Email:	docketing@stwiplaw.com
Correspondent Name:	SEAGER, TUFTE & WICKHEM LLP
Address Line 1:	100 SOUTH 5TH STREET, SUITE 600
Address Line 4:	MINNEAPOLIS, MINNESOTA 55402
ATTORNEY DOCKET NUMBER:	1454.1003101
NAME OF SUBMITTER:	TRACY L. KNOP
SIGNATURE:	/tracy l. knop/
DATE SIGNED:	02/05/2020
Total Attachments: 6	
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**ARTICLES OF AMENDMENT
OF
THE ARTICLES OF ORGANIZATION
FOR
SCYFIX, LLC**

THE UNDERSIGNED, the Chief Executive Officer of ScyFIX, LLC, a Minnesota limited liability company, under the provisions of Chapter 322C, Minnesota Statutes (the "Company"), hereby acknowledges and represents:

1. The name of the Company is ScyFIX, LLC.
2. The members of the Company properly adopted and approved the following amendment to the Articles of Organization of the Company pursuant to Minnesota Statutes 322C.

RESOLVED, that Article I of the Articles of Organization shall be amended and restated in its entirety as follows:

"ARTICLE I.

The name of the limited liability company is: Biovisics Medical, LLC (the "Company")."

RESOLVED FURTHER, that Article II of the Articles of Organization shall be amended and restated in its entirety as follows:

"ARTICLE II.

The registered office of the Company is located at 127 Bridge Ave. E., Suite 225, Delano, MN 55328."

IN WITNESS WHEREOF, I have hereunto set my hand this 12th day of March, 2019.

SCYFIX, LLC

By: 

Name: James R. Chiapetta

Its: Chief Executive Officer

16948294v3



Work Item 1074260400022
Original File Number 32247-LLC

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
03/12/2019 11:59 PM

Steve Simon

Steve Simon
Secretary of State

Office of the Minnesota Secretary of State Certification of Record

I, Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

Filing(s) filed on:

<u>Filing Date</u>	<u>Filing Type</u>	<u>Filing Number</u>
03/12/2019	Amendment - Limited Liability Company (Domestic)	1074260400022

This certificate has been issued on: 10/01/2019



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota

Office of the Minnesota Secretary of State

Certificate of Assumed Name

Minnesota Statutes, Chapter 333



The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable customers to be able to identify the true owner of a business.

ASSUMED NAME: **Biovisics Medical**

PRINCIPAL PLACE OF BUSINESS: **127 Bridge Ave E Suite 225 Delano MN 55328-8302 United States**

NAMEHOLDER(S):

Name:
Biovisics Medical

Address:
**127 Bridge Ave E Suite 225 Delano MN 55328-8302
United States**

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment.

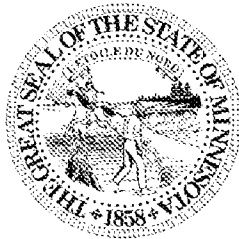
By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have 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 under oath.

SIGNED BY: **James R Chiapetta**

MAILING ADDRESS: **PO Box 127 Delano MN 55328-8302**

EMAIL FOR OFFICIAL NOTICES: **jchiapetta@biovisics.com**

**PATENT
REEL: 051829 FRAME: 0715**



Work Item 1075146100025
Original File Number 1075146100025

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
03/15/2019 11:59 PM

Steve Simon

Steve Simon
Secretary of State

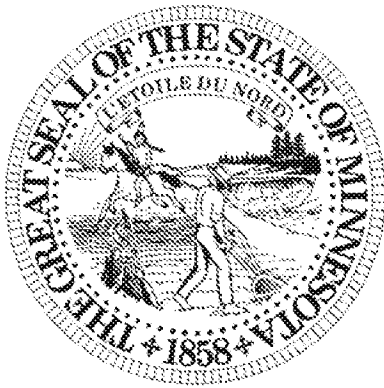
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<u>Filing Date</u>	<u>Filing Type</u>	<u>Filing Number</u>
03/15/2019	Original Filing - Assumed Name	1075146100025

This certificate has been issued on: 10/01/2019



A handwritten signature in black ink that reads 'Steve Simon'.

Steve Simon
Secretary of State
State of Minnesota