#### 505920253 02/17/2020

### **PATENT ASSIGNMENT COVER SHEET**

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5966970

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

#### **CONVEYING PARTY DATA**

Name	Execution Date	
VAXIION THERAPEUTICS, INC.	01/24/2014	

#### **RECEIVING PARTY DATA**

Name:	VAXIION THERAPEUTICS, LLC
Street Address:	11585 SORRENTO VALLEY ROAD
Internal Address:	SUITE 105
City:	SAN DIEGO
State/Country:	CALIFORNIA
Postal Code:	92121

#### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	16792864

#### **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:** 858-735-7090

**Email:** docketing@acuitylg.com **Correspondent Name:** ACUITY LAW GROUP, P.C.

Address Line 1: 12707 HIGH BLUFF DR., SUITE 200
Address Line 4: SAN DIEGO, CALIFORNIA 92130

ATTORNEY DOCKET NUMBER:	VAX-0026-CT4
NAME OF SUBMITTER:	DENNIS GRIMES
SIGNATURE:	/Dennis Grimes/
DATE SIGNED:	02/17/2020

**Total Attachments: 2** 

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# State of California Secretary of State

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## Limited Liability Company Articles of Organization - Conversion

File# 201402710354

LLC-1A

FILED Secretary of State of California

JAN 2 4 2014

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IMPORTANT — Read all Instruction	s netore completing this form.	1 CC This space	or range	oc only			
Converted Entity Information							
<ol> <li>Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd, and Co., respectively.)</li> </ol>							
Vaxiion Therapeutics, LLC							
<ol><li>The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.</li></ol>							
3. The limited liability company will be mana	3. The limited liability company will be managed by (check only one):						
✓ One Manager	✓ One Manager						
4. Initial Street Address of Limited Liability C	ompany's Designated Office in CA	City	State	Zip Code			
11585 Sorrento Valley Rd., Suit	e 105	San Diego	CA	92121			
5. Initial Mailing Address of Limited Liability	Company, if different from Item 4	City	State	Zip Code			
6. Name of Initial Agent For Service of Process (Item 6: List a California resident or a California registered corporate agent that agrees to be your initial agent for service of process in case the LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Item 7: If the agent is an individual, list the agent's business or residential street address in California. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file. Item 8: If the converting entity is a CA limited partnership, enter the mailing address of the agent, if different from Item 7, or if the agent is a California registered corporate agent.) Terry Trzcinka							
7. If an Individual, Street Address of Agent	for Service of Process in CA	Cíty	State	Zìp Code			
4025 Sorrento Valley Rd.		San Diego	CA	92121			
Mailing Address of Agent for Service of P	rocess	City	State	Zip Code			
Converting Entity Information							
Name of Converting Entity				·			
Vaxiion Therapeutics Inc.							
10. Form of Entity	11. Jurisdiction	12. CA Secretary of S	State File	Number, if any			
Corporation	California	C2283712		•			
13. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:							
The class and number of outstanding interests entitled to vote.  Common Stock 22,893,260 shares entitled to vote  Series A Preferred Stock 4,000,000 shares entitled to vote		The percentage vote required of each class. 51% 51%					
Additional Information							
14. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.							
15. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.  Scott Pancoast, Chairman of the Board  Type or Print Name and Title of Authorized Person							
		y Trzcinka, Secretary					
Signature of Authorized Person  Type or Print Name and Title of Authorized Person				rson			
LLC-1A (REV 01/2014) APPROVED BY SECRETARY OF STATE							

PATENT REEL: 051946 FRAME: 0731



JAN 27 2014

Date:

**RECORDED: 02/17/2020** 

DEBRA BOWEN, Secretary of State

**PATENT** 

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