

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT6049540

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME	
<b>CONVEYING PARTY DATA</b>		
	<b>Name</b>	<b>Execution Date</b>
	CINCINNATI SUB-ZERO PRODUCTS, LLC	02/13/2019
<b>RECEIVING PARTY DATA</b>		
<b>Name:</b>	GENTHERM MEDICAL, LLC	
<b>Street Address:</b>	21680 HAGGERTY ROAD	
<b>City:</b>	NORTHVILLE	
<b>State/Country:</b>	MICHIGAN	
<b>Postal Code:</b>	48167	
<b>PROPERTY NUMBERS Total: 1</b>		
	<b>Property Type</b>	<b>Number</b>
	<b>Patent Number:</b>	8460353
<b>CORRESPONDENCE DATA</b>		
<b>Fax Number:</b>	(513)241-6234	
<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>	513 241 2324	
<b>Email:</b>	usptodock@whe-law.com	
<b>Correspondent Name:</b>	WOOD, HERRON & EVANS, L.L.P.	
<b>Address Line 1:</b>	441 VINE STREET	
<b>Address Line 2:</b>	2700 CAREW TOWER	
<b>Address Line 4:</b>	CINCINNATI, OHIO 45202-2917	
<b>ATTORNEY DOCKET NUMBER:</b>	CSZP-10I	
<b>NAME OF SUBMITTER:</b>	THOMAS J. BURGER	
<b>SIGNATURE:</b>	/Thomas J. Burger/	
<b>DATE SIGNED:</b>	04/07/2020	
<b>Total Attachments: 4</b>		
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source=CSZPtoGENTHERM#page4.tif		

**RECORDATION FORM COVER SHEET**  
**PATENTS ONLY**

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies)**

CINCINNATI SUB-ZERO PRODUCTS, LLC

**2. Name and address of receiving party(ies)**

Name: GENTHERM MEDICAL, LLC

Internal Address: \_\_\_\_\_

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

**3. Nature of conveyance/Execution Date(s):**

Execution Date(s) 02/13/2019

☐ Assignment

☐ Merger

☐ Security Agreement

☒ Change of Name

☐ Joint Research Agreement

☐ Government Interest Assignment

☐ Executive Order 9424, Confirmatory License

☐ Other \_\_\_\_\_

Street Address: \_\_\_\_\_

21680 HAGGERTY ROAD

City: NORTHVILLE

State: MICHIGAN

Country: USA Zip: 48167

Additional name(s) & address(es) attached? ☐ Yes ☒ No

**4. Application or patent number(s):**

☐ This document serves as an Oath/Declaration (37 CFR 1.63).

A. Patent Application No.(s)

B. Patent No.(s)

8,460,353

Additional numbers attached? ☐ Yes ☒ No

**5. Name and address to whom correspondence concerning document should be mailed:**

Name: Thomas J. Burger

Internal Address: \_\_\_\_\_  
Wood, Herron & Evans, L.L.P.

Street Address: \_\_\_\_\_  
441 Vine Street

City: Cincinnati

State: OH Zip: 45202-2814

Phone Number: 513-241-2324

Docket Number: CSZP-101

Email Address: TBurger@whe-law.com

**6. Total number of applications and patents involved: 1**

**7. Total fee (37 CFR 1.21(h) & 3.41) \$ 0**

☐ Authorized to be charged to deposit account

☐ Enclosed

☐ None required (government interest not affecting title)

**8. Payment Information**

Deposit Account Number \_\_\_\_\_

Authorized UserName \_\_\_\_\_

**9. Signature: /Thomas J. Burger/**

April 7, 2020

Signature

Date

Thomas J. Burger

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

**4**

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

**PATENT**

**REEL: 052329 FRAME: 0264**



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/14/2019	201904500268	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	100.00	0.00	0.00

**Receipt**

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

CORPORATION SERVICE COMPANY  
MONIQUE WEAVER  
50 W. BROAD STREET  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose  
180249

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**GENTHERM MEDICAL, LLC**

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

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 02/13/2019


Document No(s):

**201904500268**



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  
14th day of February, A.D. 2019.

  
Ohio Secretary of State

Form 543A Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 468-3910

[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[buserv@OhioSecretaryofState.gov](mailto:buserv@OhioSecretaryofState.gov)

File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

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.  
Requires an additional \$100.00)

P.O. Box 1390  
Columbus, OH 43216

For screen readers, follow instructions located at this path.

## Domestic Limited Liability Company Certificate of Amendment or Restatement

**Filing Fee: \$50**

**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**

**(1) Domestic Limited Liability Company**

☒ Amendment (129-LAM)

09/26/1940

Date of Formation  
(MM/DD/YYYY)

**(2) Domestic Limited Liability Company**

☐ Restatement (142-LRA)

Date of Formation  
(MM/DD/YYYY)

The undersigned authorized representative of:

Cincinnati Sub-Zero Products, LLC

Name of Limited Liability Company

180249

Registration Number

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

The name of said limited liability company shall be:

Gentherm Medical, LLC

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

This limited liability company shall exist for a period of:

Period of Existence

Purpose


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 a member, manager or other 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)

Kenneth J. Phillips

Print Name

Signature

By (If applicable)

Print Name

Signature

By (If applicable)

Print Name