

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6105526

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
SPECIAL APPLICATION ROBOTICS, INC.	02/26/2010
RECEIVING PARTY DATA	
Name:	SPECIAL APPLICATIONS TECHNOLOGY, INC.
Street Address:	3985 S. LINCOLN AVENUE, SUITE 100
City:	LOVELAND
State/Country:	COLORADO
Postal Code:	80537
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	8333129
CORRESPONDENCE DATA	
Fax Number:	(801)799-5700
<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:	8017995800
Email:	dfabalos@hollandhart.com
Correspondent Name:	HOLLAND & HART, LLP
Address Line 1:	222 SOUTH MAIN ST., SUITE 2200
Address Line 4:	SALT LAKE CITY, UTAH 84101
ATTORNEY DOCKET NUMBER:	107370.0089 (9024-US01)
NAME OF SUBMITTER:	SCOTT NIELSON
SIGNATURE:	/Scott Nielson/
DATE SIGNED:	05/13/2020
Total Attachments: 3	
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source=Spec Apps Robotics to Spec Apps Tech#page2.tif	
source=Spec Apps Robotics to Spec Apps Tech#page3.tif	

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Statement of Change

with Document # 20101121725 of
Special Applications Technology Inc., Delinquent September 1, 2014

Indiana Foreign Corporation

(Entity ID # 19921080884)

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/11/2020 that have been posted, and by documents delivered to this office electronically through 05/13/2020@ 17:18:00.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/13/2020 @ 17:18:00 in accordance with applicable law. This certificate is assigned Confirmation Number 12337969.



Handwritten signature of Jena Griswold in cursive script.

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

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02-26-2010 15:42:26

**Statement of Change Changing Information Other Than Principal Office Address
or Registered Agent Information**

filed pursuant to §7-90-305.5 and, if applicable, §7-90-604 or §7-90-804 of the Colorado Revised Statutes
(C.R.S.)

ID number: 19921080884

1. Entity name: Special Application Robotics, Inc.

2. True name:
(if different from the entity name) _____

Complete lines 3 - 10 as applicable. You must complete section 11.

3. Document number: 20081227914
(required for change(s) to 4, 5, 6, 7
and/or 8 below)

4. Change of entity name of record (LLP, art. 61 LLLP or foreign entity only):
New entity name: Special Applications Technology Inc.

5. Change of true name of record (LLP, art. 61 LLLP, general partnership or foreign entity only):
New true name: _____

6. Change of jurisdiction of formation of record (foreign entity only):
New jurisdiction of formation: _____

7. Change of entity form of record (foreign entity only):
New entity form: _____

8. Other change(s) not provided for above:

If other information contained in the filed document is being changed, mark this box and include an attachment stating the information to be changed and each such change.

If other information is being added or deleted, mark this box and include an attachment stating each addition or deletion.

9. Withdrawal of Statement of Registration of True Name: (if applicable, mark this box)

10. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

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11. The true name and mailing address of the individual causing this document to be delivered for filing are

Cappello	Michael	W.	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
3985 S. Lincoln Ave., Suite 100			
<i>(Street number and name or Post Office Box information)</i>			

Loveland	CO	80537	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
_____		U.S.	
<i>(Province - if applicable)</i>		<i>(Country)</i>	

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