506086202 06/02/2020

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6132919

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date	
PENTAIR PUMP GROUP, INC.	04/24/2013	

RECEIVING PARTY DATA

Name:	e: PENTAIR FLOW TECHNOLOGIES, LLC	
Street Address:	293 WRIGHT ST	
City:	DELAVAN	
State/Country:	WISCONSIN	
Postal Code:	53115	

PROPERTY NUMBERS Total: 1

Property Type	Number		
Application Number:	15929999		

CORRESPONDENCE DATA

Fax Number: (312)655-1501

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: 3129858276

Email: catherine.fritz@huschblackwell.com

Correspondent Name: HUSCH BLACKWELL LLP

Address Line 1: 120 SOUTH RIVERSIDE PLAZA, SUITE 2200

Address Line 4: CHICAGO, ILLINOIS 60654

ATTORNEY DOCKET NUMBER:	144122-2001
NAME OF SUBMITTER:	CATHERINE FRITZ
SIGNATURE:	/Catherine Fritz/
DATE SIGNED:	06/02/2020

Total Attachments: 2

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PATENT 506086202 REEL: 052811 FRAME: 0078

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A CORPORATION TO A LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY ACT

1.)	The jurisdiction where the Corporation first formed is Delaware
2.)	The jurisdiction immediately prior to filing this Certificate is Delaware
3.) ′	The date the corporation first formed is December 12, 2002
	The name of the Corporation immediately prior to filing, this Certificate is Pentair Pump Group, Inc.
*	The name of the Limited Liability Company as set forth in the Certificate of Formation is Pentair Flow Technologies, LLC
	WITNESS WHEREOF, the undersigned have executed this Certificate on the day of April, A.D. 2013.

PENTAIR PUMP GROUP, INC.

Angela Lageson, Secretary

RECORDED: 06/02/2020

State of Delaware Annual Franchise Tax Report

PENTAIR	PUMP GRO	OP, I	NC.				[2013]
5602084	2002/12/	12 RENE	NL/REVOCATION DATE		763.8	745 · 14730 NUMBER	
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OFFICER	·	NAME		STREET/CITY/STATE/2	IP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	# COD	
Angela l	lageson	Secre	tary	5500 WAYED	an bowle	word or	, ,
Ų	O ·	•	.•	É	wden Val	uard #800 lly, MN 554	<i>.</i>
DIRECTORS		NAME	anne anne anne anne anne anne anne anne	STREET/CITY/STATE/2	IP O A	_0 4 GO	
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Mich	nael V.91	chrock					
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NOTICE:	Pursuant to 8	Del. C. S hall know	02(6), If any off singly make any f	ficer or director of a co false statement in the	mporation requir report, such offi	ed to make an annual fra cer or director shall be gu	enchise tax report idity of perjury.
to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury. Auchorized by (orriver, director or incorporator) (street, city, state, postal code (zip) and country)							
SIGNETRIE	CAL	1	and a state of the		date date	124/2013 ==== Sec	retary
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