# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT6328105

| | |
|---|---|
| **SUBMISSION TYPE:** | NEW ASSIGNMENT |
| **NATURE OF CONVEYANCE:** | CHANGE OF NAME |

**CONVEYING PARTY DATA**

| Name | Execution Date |
|---|---|
| S. M. DISCOVERY GROUP LLC | 01/16/2019 |

**RECEIVING PARTY DATA**

| | |
|---|---|
| **Name:** | S. M. DISCOVERY GROUP INC. |
| **Street Address:** | 8593 E. DAVIES AVE. |
| **City:** | CENTENNIAL |
| **State/Country:** | COLORADO |
| **Postal Code:** | 80112 |

**PROPERTY NUMBERS Total: 2**

| Property Type | Number |
|---|---|
| **Application Number:** | 15991738 |
| **Patent Number:** | 9981047 |

**CORRESPONDENCE DATA**

**Fax Number:** (801)817-9811

***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:** 8018079810
**Email:** kpenovich@btlaw.com
**Correspondent Name:** BARNES & THORNBURG LLP
**Address Line 1:** 299 SOUTH MAIN STREET
**Address Line 2:** SUITE 1825
**Address Line 4:** SALT LAKE CITY, UTAH 84111-2571

| | |
|---|---|
| **ATTORNEY DOCKET NUMBER:** | 82268-314776 |
| **NAME OF SUBMITTER:** | RYAN L. MARSHALL |
| **SIGNATURE:** | /Ryan L. Marshall/ |
| **DATE SIGNED:** | 09/30/2020 |

**Total Attachments: 5**
source=Colorado conversion - S M Discovery Group LLC to S M Discovery Group Inc#page1.tif
source=Colorado conversion - S M Discovery Group LLC to S M Discovery Group Inc#page2.tif
source=Colorado conversion - S M Discovery Group LLC to S M Discovery Group Inc#page3.tif
source=Colorado conversion - S M Discovery Group LLC to S M Discovery Group Inc#page4.tif

source=Colorado conversion - S M Discovery Group LLC to S M Discovery Group Inc#page5.tif

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E-Filed

Colorado Secretary of State
Date and Time: 01/16/2019 10:24 AM
ID Number: 20171270509

Document number: 20191041290
Amount Paid: $100.00

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# Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID number: 20171270509
(Colorado Secretary of State ID number)

Entity name or true name: S. M. Discovery Group LLC

Form of entity: Limited Liability Company

Jurisdiction: Colorado

Street address: 8593 E. Davies Ave,
(Street number and name)

Centennial (City) CO (State) 80112 (ZIP/Postal Code)

(Province – if applicable) United States (Country)

Mailing address
(leave blank if same as street address)
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

2. The entity name of the resulting entity is S. M. Discovery Group Inc.
(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (If applicable, adopt the following statement by marking the box and include an attachment.)
☐ This document contains additional information as provided by law.

5. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)
The delayed effective date and, if applicable, time of this document are _____.
(mm/dd/yyyy hour:minute am/pm)

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such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

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

Farhangrazi (Last) Z (First) Shadi (Middle) ____ (Suffix)

8593 E. Davies Ave, (Street number and name or Post Office Box information)

Centennial (City) CO (State) 80112 (ZIP/Postal Code)

____ (Province – if applicable) United States (Country).

(If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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Colorado Secretary of State
Date and Time: 01/16/2019 10:24 AM
ID Number: 20171270509

Document number: 20191041290
Amount Paid: $100.00

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# Articles of Incorporation for a Profit Corporation

filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the corporation is

S. M. Discovery Group Inc.

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the corporation's initial principal office is

Street address
8593 E. Davies Ave,
(Street number and name)

Centennial (City) CO (State) 80112 (ZIP/Postal Code)

(Province – if applicable) United States (Country)

Mailing address
(leave blank if same as street address)
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

3. The registered agent name and registered agent address of the corporation's initial registered agent are

Name
(if an individual)
Farhangrazi (Last) Z (First) Shadi (Middle) (Suffix)

or

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Street address
8593 E. Davies Ave,
(Street number and name)

Centennial (City) CO (State) 80112 (ZIP/Postal Code)

Mailing address
(leave blank if same as street address)
8593 E. Davies Ave,
(Street number and name or Post Office Box information)

Centennial (City) CO (State) 80112 (ZIP/Postal Code)

(The following statement is adopted by marking the box.)

☒ The person appointed as registered agent above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name
(if an individual) Farhangrazi (Last) Z (First) Shadi (Middle) _____ (Suffix)

or

(if an entity) _____

(Caution: Do not provide both an individual and an entity name.)

Mailing address 8593 E. Davies Ave,
(Street number and name or Post Office Box information)

_____

Centennial (City) CO (State) 80112 (ZIP/Postal Code)

_____ (Province – if applicable) United States (Country).

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows.

◉ The corporation is authorized to issue 1,000 common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

○ Information regarding shares as required by section 7-106-101, C.R.S., is included in an attachment.

6. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

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The delayed effective date and, if applicable, time of this document is/are _____.
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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

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

Farhangrazi (Last) Z (First) Shadi (Middle) _____ (Suffix)

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