

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6351179

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
NORGREN GT DEVELOPMENT CORPORATION	08/26/2020
RECEIVING PARTY DATA	
Name:	NORGREN GT DEVELOPMENT LLC
Street Address:	425 C STREET NW
City:	AUBURN
State/Country:	WASHINGTON
Postal Code:	98001
PROPERTY NUMBERS Total: 19	
Property Type	Number
Application Number:	16674218
Application Number:	63063776
Patent Number:	9016305
Patent Number:	6175290
Patent Number:	6860292
Patent Number:	7210669
Patent Number:	8042569
Patent Number:	7380309
Patent Number:	7735516
Patent Number:	8434773
Patent Number:	8480183
Patent Number:	6119727
Patent Number:	5971404
Patent Number:	8074684
Patent Number:	7106158
Patent Number:	7164335
Patent Number:	6719000
Patent Number:	8813783
Patent Number:	9726087

CORRESPONDENCE DATA**Fax Number:** (312)913-0002*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:** 312-913-0001**Email:** shenouda@mbhb.com**Correspondent Name:** MCDONNELL BOEHNEN HULBERT & BERGHOFF LLP**Address Line 1:** 300 S. WACKER DRIVE**Address Line 2:** SUITE 3100**Address Line 4:** CHICAGO, ILLINOIS 60606

NAME OF SUBMITTER:	AMIR SHENOUDA
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SIGNATURE:	/Amir Shenouda/
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DATE SIGNED:	10/15/2020
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Total Attachments: 5

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UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF CONVERSION

From

NORGREN GT DEVELOPMENT CORPORATION , a/an WASHINGTON PROFIT CORPORATION

to

NORGREN GT DEVELOPMENT LLC , a/an WASHINGTON LIMITED LIABILITY COMPANY,
effective on the date indicated below.

Effective Date: 09/01/2020

UBI Number: 600 211 215



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 09/01/2020

PATENT

REEL: 054085 FRAME: 0734

ARTICLES OF CONVERSION
 OF
 NORGREN GT DEVELOPMENT CORPORATION

- Article 1. The name of the converting entity prior to conversion is: Norgren GT Development Corporation (the "Converting Entity").
- Article 2. The Converting Entity is a corporation formed under the laws of the State of Washington.
- Article 3. The date of formation of the Converting Entity is: October 16, 1970.
- Article 4. The name of the surviving entity is: Norgren GT Development LLC (the "Surviving Entity").
- Article 5. The Converting Entity is converting to a limited liability company.
- Article 6. The Surviving Entity shall be formed under the laws of the State of Washington.

These Articles of Conversion have been approved as required by the laws of the jurisdiction of formation and the governing documents of the Converting Entity. The conversion was duly approved by the Shareholders of the Converting Entity pursuant to RCW 23B.09.030.

This document is effective August 31, 2020, in the jurisdiction of the Converting Entity.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Washington Revised Code, or other law applicable to and governing the corporation, to execute the filing instrument.

Date: August 26, 2020


 By: Stefan Kupper, Chief Tax Officer

Certificate of Conversion

HB: 4445-6633-7991.1



Office of the Secretary of State
Corporations & Charities Division

Physical/Overnight address

801 Capital Way S
Olympia, WA 98501-1226
Tel: 360.725.0377

Mailing Address

PO Box 40234
Olympia, WA 98504-0234
www.sos.wa.gov/corps

This Box For Office Use Only

Filing Fee \$180

To Expedite Filing Add \$50

Certificate of Formation
Limited Liability Company
RCW 23.95 and RCW 25.15

All fields required unless otherwise specified

(1) Do you already have a UBI Number? (Check one) Yes No If Yes, provide UBI # 600 211 215

If No, a new UBI# will be issued to you upon successful completion of the filing.

(2) ENTITY NAME: Norgren GT Development LLC

If designation is not provided, it will be defaulted to LLC

For name requirements review the following RCW(s): RCW 23.95.305

Does the entity have a name reserved? (Check one) Yes No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: _____

Name: _____

(3) PERIOD OF DURATION : Please check ONE of the following

This Company shall have a perpetual duration (default) This Company shall have a duration of _____ years.

This Company shall expire on _____

(4) EFFECTIVE DATE: Please check ONE of the following:

Date of filing Specify a date August 31, 2020 cannot be more than 90 days following received date

(5) REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? Yes No

If Yes, provide the name of the Commercial Registered Agent: Corporation Service Company

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below. Be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual	<input type="checkbox"/> Entity	<input type="checkbox"/> Office or Position
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)
Phone: _____	Email: _____	
Registered Agent Street Address (required) (Must be a physical address No PO Box or PMB)	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address	
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>	
Address : _____	Address : _____	
Zip: _____ City: _____	Zip: _____ City: _____	

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Brittany Aunet _____ Brittany Aunet, Assistant Secretary August 27, 2020
Signature of Registered Agent Printed Name/Title Date

(6) PRINCIPAL OFFICE: *The place where the entity's records are kept

Principal Office Street Address (Must be a physical address; No PO Box or PMB)	Mailing Address (optional) * Check if mailing address is the same as street address.
Address: 425 C Street NW	Address: _____
Zip: 98001 City: Auburn	Zip: _____ City: _____
State: WA Country: USA	State: _____ Country: _____

Phone: (optional) _____ Email: (optional) _____

(7) RETURN ADDRESS FOR THIS FILING: (Optional)

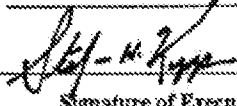
This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailling address.

Attention to: _____ Email: _____
Address: _____
City _____ State _____ Zip _____

(8) EXECUTOR INFORMATION:

Name, address, and signature required. Attach additional sheets if necessary.

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: Stefan Kupper
Address: 425 C Street NW
City Auburn State WA Zip 98001 Country USA

Signature of Executor Printed Name/Title Date
Stefan Kupper, Chief Tax Officer August 26, 2020