

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT6775563

<b>SUBMISSION TYPE:</b>	RESUBMISSION
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>RESUBMIT DOCUMENT ID:</b>	506701099
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
GENETESIS LLC	12/21/2017
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	GENETESIS, INC.
<b>Street Address:</b>	5412 COURSEVIEW DRIVE
<b>Internal Address:</b>	SUITE 150
<b>City:</b>	MASON
<b>State/Country:</b>	OHIO
<b>Postal Code:</b>	45040
<b>PROPERTY NUMBERS Total: 5</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	15673067
Application Number:	62181567
Application Number:	62181599
Application Number:	17171118
Application Number:	16636860
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(650)493-6811
<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>	650-493-9300
<b>Email:</b>	patentdocket@wsgr.com, tallison@wsgr.com
<b>Correspondent Name:</b>	WILSON SONSINI GOODRICH & ROSATI
<b>Address Line 1:</b>	650 PAGE MILL ROAD
<b>Address Line 4:</b>	PALO ALTO, CALIFORNIA 94304
<b>ATTORNEY DOCKET NUMBER:</b>	48943-705.201
<b>NAME OF SUBMITTER:</b>	TARAH ALLISON
<b>SIGNATURE:</b>	/Tarah Allison/
<b>DATE SIGNED:</b>	06/22/2021

**Total Attachments: 8**

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/22/2017	201735600756	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

**Receipt**

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

THOMPSON HINE LLP  
CAROL R. RUSSELL  
41 S. HIGH STREET, #1700  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**  
**2228206**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**GENETESIS, INC.**

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

Document(s)

**Conversion Within SOS Records**

**Effective Date: 12/21/2017**

CHANGE BUSINESS TYPE TO FOREIGN FOR PROFIT

Document No(s):

**201735600756**



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  
22nd day of December, A.D. 2017.

**Ohio Secretary of State**

Form 700 Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@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.

**Certificate for Conversion for Entities Converting  
Within or Off the Records of the Ohio Secretary of State**  
**Filing Fee: \$99**  
**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**(1) ☒ **Converting Within The Records of the Ohio Secretary of State**(2) ☐ **Converting Off The Records of the Ohio Secretary of State (187-VXX)**Name of the converting entity **Genetesis LLC**Jurisdiction of Formation **Delaware**Charter/Registration Number **2228206**

The converting entity is a:  
**(Check Only (1) One Box)**

- |  |   |
|--|---|
| <input type="checkbox"/> Domestic Nonprofit Corporation                          | <input type="checkbox"/> Partnership                            |
| <input type="checkbox"/> Domestic For-Profit Corporation                         | <input type="checkbox"/> Domestic Limited Partnership           |
| <input type="checkbox"/> Foreign Nonprofit Corporation                           | <input type="checkbox"/> Foreign Limited Partnership            |
| <input type="checkbox"/> Foreign For-Profit Corporation                          | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company            | <input type="checkbox"/> Foreign Limited Liability Partnership  |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company             |   |
| <input type="checkbox"/> Domestic For-Profit Limited Liability Company           |   |
| <input checked="" type="checkbox"/> Foreign For-Profit Limited Liability Company |   |

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity	Genetesis, Inc.
Jurisdiction of Formation	Delaware
The converted entity is a: (Check Only (1) One Box)	
<input type="checkbox"/> Domestic For-Profit Corporation	
<input type="checkbox"/> Domestic Professional Association	
<input type="checkbox"/> Foreign Nonprofit Corporation	
<input checked="" type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership


Effective Date (Optional)	(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)	
Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.		
Genetesis, Inc.		
Name		
5412 Courseview Drive, Suite 150		
Mailing Address		
Mason	Ohio	45040
City	State	Zip Code

<b>Required information that must accompany conversion certificate if box 2 is checked</b>		
If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.		
Name of Statutory Agent		
Mailing Address		
City	State	ZIP Code
	OH	

<b>See instructions for additional filing requirements if</b> (1) the conversion creates a new domestic entity, (2) the converted entity is a foreign entity that desires to transact business in Ohio; or (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.
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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 an  
authorized representative.

  
Signature

By (if applicable)

Peeyush Shrivastava , Chief Executive Officer / President

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Form 530A Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATEToll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 496-3910www.OhioSecretaryofState.gov  
busseerv@OhioSecretaryofState.gov

File online or for more information: www.OhioBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)P.O. Box 1390  
Columbus, OH 43216**Foreign For-Profit Corporation Application for License****Filing Fee: \$99****(151-FLF)****Form Must Be Typed**The application is made to procure a ☒ Permanent License ☐ Temporary License (valid for six months)

Attach Certificate of Good Standing from the jurisdiction of formation (see instructions)

Name of Corporation Genetesis, Inc.

(Name must match the name on the Certificate of Good Standing)

Assumed name under which the corporation will do business, if its corporate name is not available in Ohio  
(Must attach "Resolution of Foreign Corporation to Qualify Under An Assumed Name" Form 591)

Under the Laws of the Jurisdiction of

Delaware

Jurisdiction of Formation

Date of Incorporation in Jurisdiction of Formation

May 9, 2016

Date of Incorporation

The location of the principal office is:

5412 Courseview Drive, Suite 150

Mailing Address

Mason

City

OH

State

45040

ZIP Code

If the principal office is located outside Ohio, provide a location in Ohio, if one exists.

Mailing Address

City

State

ZIP Code

A brief summary of the corporate purpose(s) to be exercised within Ohio

Research of development of biomagnetic imaging technology.

### Appointment of Agent

The corporation hereby appoints the following as its statutory agent upon whom process against the corporation may be served in Ohio.

Peeyush Shrivastava

Name

5873 Maxfli Lane

Mailing Address

Mason

City

Ohio

State

45040

ZIP Code

The entity above irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- A. an agent is not appointed, or
- B. an agent is appointed but the authority of that agent has been revoked, or
- C. the agent cannot be found or served after the exercise of reasonable diligence.

Pursuant to Ohio Revised Code 1703.29 (A), a foreign corporation is required to pay an additional \$250 fee if the application is being made to enable the corporation to prosecute or defend a legal action. Please see Ohio Revised Code or the instructions for more information.

- ☒ No, the corporation is not filing for this purpose and an additional fee is not included.
- ☐ Yes, the application is being filed for this purpose and the additional \$250 fee is included with the filing fee.


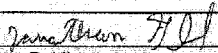

**If yes then:**

Pursuant to Ohio Revised Code 1703.29(B), a foreign corporation that began transacting business in Ohio **prior to 2009** without a license may be required to provide a certificate from the tax commissioner which states that the corporation has paid all franchise taxes which it should have paid had it qualified to do business in this state.

**Did the corporation begin transacting business in Ohio prior to 2009?**

- ☐ Yes, the D4 certificate from the tax commissioner is attached.
- ☐ No, the corporation began transacting business in 2009 or later, therefore, a D4 certificate is not required.



Peeyush Shrivastava	, being first duly sworn, deposes and says that he/she is the	
Name of Officer		
Chief Executive Officer / President	of	Genetesis, Inc.
Officer Title		Corporation
the corporation described in the foregoing application, and that the statements contained in said application are true and correct to best of my knowledge and belief.		
Name	Peeyush Shrivastava	
Signature		
Sworn before me and subscribed on	12/20/17	
	Date	
		
Notary Public		
	JONATHAN D. GIBBS, Attorney at Law	
	Notary Public, State of Ohio My Commission has no expiration date. Section 147.03 O. R. C.	
Expiration Date of Notary's Commission		None
		Date

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "GENETESIS, INC." IS DULY INCORPORATED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE  
BEEN PAID TO DATE.



6037751 8300

SR# 20177710835

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203807037

Date: 12-21-17