

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6902322

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Execution Date
EDUPRESENT LLC	06/23/2021

RECEIVING PARTY DATA

Name:	BONGO LEARN, INC.
Street Address:	815 14TH STREET SW, SUITE D300
City:	LOVELAND
State/Country:	COLORADO
Postal Code:	80537

PROPERTY NUMBERS Total: 17

Property Type	Number
Patent Number:	10191647
Patent Number:	10891665
Patent Number:	9207834
Patent Number:	9459754
Application Number:	14480509
Application Number:	14960234
Application Number:	15729149
Application Number:	16151226
Application Number:	16232994
Application Number:	16655354
Application Number:	17117416
Application Number:	15284408
Application Number:	61658298
PCT Number:	US1344968
PCT Number:	US1514493
PCT Number:	US1828179
PCT Number:	US1952460

CORRESPONDENCE DATA

Fax Number:

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

PATENT

using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 9704920000
Email: crmiles@crmiles.com
Correspondent Name: CR MILES P.C., CRAIG MILES
Address Line 1: CR MILES P.C.
Address Line 2: 405 MASON COURT, STE 119
Address Line 4: FORT COLLINS, COLORADO 80524

ATTORNEY DOCKET NUMBER:	0378.
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NAME OF SUBMITTER:	CRAIG MILES
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SIGNATURE:	/craig miles/
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DATE SIGNED:	09/07/2021
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Total Attachments: 3

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source=2021.06.23 Colorado SOS Stmt of Conversion 20211579216#page3.tif



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Paper documents are not accepted.
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For more information or to print copies
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Colorado Secretary of State
Date and Time: 06/23/2021 05:40 PM
ID Number: 20091288805
Document number: 20211579216
Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Conversion Converting a Domestic Entity into a Foreign Entity
filed pursuant to § 7-90-201.7 (1) and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number, entity name, form of entity, jurisdiction under the law of which it is formed, and principal office address are

ID number	<u>20091288805</u> (Colorado Secretary of State ID number)		
Entity name	<u>eduPresent LLC</u>		
Form of entity	<u>Limited Liability Company</u>		
Jurisdiction	<u>Colorado</u>		
Principal office street address	<u>815 14th Street SW</u> (Street number and name) <u>Suite D300</u> <u>Loveland</u> <u>CO</u> <u>80537</u> (City) (State) (ZIP/Postal Code) <u>United States</u> (Province – if applicable) (Country)		
Principal office mailing address (leave blank if same as street address)	<u></u> (Street number and name or Post Office Box information) <u></u> (City) (State) (ZIP/Postal Code) (Province – if applicable) (Country)		

2. For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name	<u>Bongo Learn, Inc.</u>		
Form of entity	<u>Foreign Corporation</u>		
Jurisdiction	<u>Delaware</u>		
Street address	<u>815 14th Street SW</u> (Street number and name) <u>Suite D300</u> <u>Loveland</u> <u>CO</u> <u>80537</u> (City) (State) (ZIP/Postal Code) (Province – if applicable) (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 converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (Mark the applicable box and complete the statement. Caution: Mark only one box.)

☒ The resulting foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

or

☐ The resulting foreign entity maintains a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

or

(if an entity)

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

Street address

(Street number and name)

(City)

CO
(State)

(ZIP Code)

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)

(City)

CO
(State)

(ZIP Code)

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

☐ This document contains additional information as provided by law.

6. (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)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is 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.

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

<u>Tucakovic</u>	<u>Zerina</u>		
(Last)	(First)	(Middle)	(Suffix)
<u>DLA Piper LLP (US)</u>			
(Street number and name or Post Office Box information)			
<u>400 Capitol Mall, Suite 2400</u>			
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	
(City)	(State)	(ZIP/Postal Code)	
<u></u>		<u></u>	
(Province – if applicable)		(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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