PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7126121

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date
PHILIPS ULTRASOUND, INC.	01/01/2022

RECEIVING PARTY DATA

Name:	PHILIPS ULTRASOUND LLC
Street Address:	22100 BOTHELL EVERETT HIGHWAY
City:	BOTHELL
State/Country:	WASHINGTON
Postal Code:	98021

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	09617318

CORRESPONDENCE DATA

Fax Number:

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: 2033515705
Email: patti.demichele@philips.com
Correspondent Name: PHILIPS IP&S
Address Line 1: 1600 SUMMER STREET
Address Line 2: 5TH FLOOR
Address Line 4: STAMFORD, CONNECTICUT 06905

ATTORNEY DOCKET NUMBER:	2000P01936US
NAME OF SUBMITTER:	PATTI DEMICHELE
SIGNATURE:	/Patti DeMichele/
DATE SIGNED:	01/18/2022

Total Attachments: 8
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UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF CONVERSION

From

PHILIPS ULTRASOUND, INC. , a/an WASHINGTON PROFIT CORPORATION

to

PHILIPS ULTRASOUND LLC , a/an WASHINGTON LIMITED LIABILITY COMPANY, effective on the date indicated below.

Effective Date: 01/01/2022
UBI Number: 600 094 395

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

Steve R. Hobbs, Secretary of State

Date Issued: 12/14/2021

FILED
Secretary of State
State of Washington
Date Filed: 12/14/2021
Effective Date: 01/01/2022
UBI No: 600 094 395

ARTICLES OF CONVERSION OF PHILIPS ULTRASOUND, INC. INTO PHILIPS ULTRASOUND LLC

Pursuant to RCW 23B.09.030(3) and 25.15.420(l)(b), the undersigned converting organization hereby submits the following Articles of Conversion for filing with the Washington Secretary of State for the purpose of converting PHILIPS ULTRASOUND, INC., a Washington corporation, into PHILIPS ULTRASOUND LLC, a Washington limited liability company.

ARTICLE I

The converting organization, a Washington corporation, shall be converted into the surviving organization, a Washington limited liability company.

ARTICLE II

The name of the converting organization is PHILIPS ULTRASOUND, INC., and the name of the surviving organization is PHILIPS ULTRASOUND LLC.

ARTICLE III

A copy of the Plan of Conversion required by RCW 25.15.417(2) is attached hereto as Exhibit A (the "Plan"). The Plan was duly adopted by the converting organization's Board of Directors in accordance with RCW 23B.09.030(1) and approved by the converting organization's shareholders in accordance with RCW 23B.09.030(2).

ARTICLE IV

Pursuant to the Plan, the conversion shall be effective as of January 1, 2022. Executed as of December 9, 2021.

PHILIPS ULTRASOUND, INC.

By: Joseph E. Innamorati
Title: Vice President

Exhibit A to Articles of Conversion

PLAN OF CONVERSION OF PHILIPS ULTRASOUND, INC. INTO
PHILIPS ULTRASOUND LLC

Pursuant to RCW 25.15.417(2) and this Plan of Conversion, PHILIPS ULTRASOUND, INC., a Washington corporation, shall be converted into a Washington limited liability company, on the following terms and conditions:

The name of the organization before conversion is PHILIPS ULTRASOUND, INC., and the form of the organization before conversion is a Washington corporation.

The name of the organization after conversion is PHILIPS ULTRASOUND LLC, and the form of the organization after conversion is a Washington limited liability company.

The terms and conditions of the conversion, including the manner and basis for converting shares of stock in the converting organization into membership interests in the converted organization, are as follows:

Upon the effective time of the conversion, the outstanding shares of stock of the converting organization, Philips Ultrasound, Inc., shall be automatically converted, without further action on the part of the holder thereof or any other party, into membership interests in the converted organization, Philips Ultrasound LLC, with the conversion based on a percentage basis, such that each one percent (1%) of the aggregate outstanding shares of the converting organization shall automatically be converted to a one percent (1%) membership interest in the converted organization;

Philips Ultrasound LLC shall exist as a limited liability company under the laws of the State of Washington, with all the rights and obligations of such surviving entity as are provided under the Washington Limited Liability Company Act;

Title to all property and assets owned by Philips Ultrasound, Inc. shall be vested in Philips Ultrasound LLC without reversion or impairment; and

Philips Ultrasound LLC shall have all liabilities of Philips Ultrasound, Inc.

The conversion shall be effective as of January 1, 2022.

The form of the Certificate of Formation of the converted organization is attached as Exhibit A to this Plan of Conversion.

Office of the Secretary of State
Corporations & Charities Division

Physical/Overnight address
801 Capitol 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 No.? (Check one) ☑ Yes ☐ No If Yes, provide UBI No.: _____

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

(2) BUSINESS NAME: Philips Ultrasound LLC

If designation is not provided, it will default to LLC

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

Does the business have a name reserved? (Check one) ☐ Yes ☑ No

If Yes, provide the Name Reservation Number and Name

Reservation Number: _____

Reserved Name: _____

(3) PERIOD OF DURATION : 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: Check **ONE** of the following:

☐ Date of filing ☒ Specify a date January 1, 2022 (cannot be more than 90 days following received date)

(5) REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT

A Commercial Registered Agent is a business 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 address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) ☑ Yes ☐ No

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

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

Please complete ONE type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

☐ **Individual:** _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
☑ **Business:** Corporation Service Company	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
☐ **Office or Position:** _____	Do not list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____

Registered Agent Street Address *(required)* **(Must be a physical address; No PO Box or PMB)**	**Registered Agent Mailing Address** *(optional)* **☒ Check if mailing address is the same as street address**
Country: United States **State:** Washington	**Country:** United States **State:** Washington
Address : 300 Deschutes Way SW Suite 208	**Address :** _____
Zip: 98501 **City:** Tumwater	**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 business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Corporation Service Company

By: Makayla Joseph	Makayla Joseph, Assistant Secretary	12/09/2021
Signature of Registered Agent	**Printed Name/Title**	**Date**

(6) PRINCIPAL OFFICE: The place where the business'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: 22100 Bothell Everett Highway	**Address:**
Zip: 98021 **City:** Bothell	**Zip:** **City:**
State: WA **Country:** US	**State:** **Country:**

Phone: **Email:**

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

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: **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: Joseph E. Innamorati

Address: 1600 Summer Street

City: Stamford **State:** CT **Zip:** 06905 **Country:** US

Signature of Executor	Printed Name/Title	Date
	Joseph E. Innamorati, Vice President	12/9/21

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 $10

☐ To Expedite Filing, Add $50

INITIAL REPORT

RCW 23.95.255

All fields required unless otherwise specified

(1) Business Name: Phillips Ultrasound LLC UBI: _____

(2) Has your registered agent changed? (Check one) ☐ YES ☑ NO If Yes, complete page 2

(3) PRINCIPAL OFFICE: The location where the business's records are kept

Street Address
(Must be a physical address; No PO Box or PMB)

Address: 22100 Bothell Everett Highway

Zip: 98021 City: Bothell

Mailing Address (*optional*)
☒ Check if mailing address is the same as street address

Address: _____

Zip: _____ City: _____

Phone: _____ Email: _____

(4) Governor(s): List at least one, attach additional pages if necessary. A business cannot serve as its own Governor

Name: ATL Ultrasound, Inc., Sole Member Name: _____

Name: _____ Name: _____

(5) Nature of Business: Briefly describe the type of business your business conducts in the state of Washington

To engage in any lawful act or activity for which companies may be organized under the RCW

(6) POSTAL MAIL OPT-IN: By checking the box the business and Registered Agent will not receive email notifications

☐ The business wants to receive all notifications to the Registered Agent by postal mail

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

Signature of Authorized Person: _____ Date: 12/9/21

Print Name and Title (if applicable): Joseph E. Innamorati, Vice President

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

NEW REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT

A Commercial Registered Agent is a business 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 address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) ☑ Yes ☐ No

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

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

Please complete ONE type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

☐ **Individual:**	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
☐ **Business:**	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
☐ **Office or Position:**	Do not list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone:	Email:

Registered Agent Street Address *(required)* **(Must be a physical address; No PO Box or PMB)**	**Registered Agent Mailing Address** *(optional)* ☒ Check if mailing address is the same as street address
Country: United States **State:** Washington	**Country:** United States **State:** Washington
Address : 300 Deschutes Way SW Suite 208	**Address :**
Zip: 98501 **City:** Tumwater	**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 business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Makayla Joseph — Makayla Joseph, Assistant Secretary — 12/09/2021

Signature of Registered Agent **Printed Name/Title** **Date**