

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT7385322

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	CHANGE OF NAME	
CONVEYING PARTY DATA		
	Name	Execution Date
	MOBILE TECHNOLOGY, LLC	06/09/2020
RECEIVING PARTY DATA		
Name:	MOBILE TECHNOLOGY CORPORATION	
Street Address:	7193 S. POPLAR ST.	
City:	CENTENNIAL	
State/Country:	COLORADO	
Postal Code:	80112	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	17807105
CORRESPONDENCE DATA		
Fax Number:	(206)359-9000	
<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>		
Phone:	2063598000	
Email:	patentprocurement@perkinscoie.com, LCisowski@perkinscoie.com	
Correspondent Name:	PERKINS COIE LLP-PAO GENERAL	
Address Line 1:	P.O. BOX 1247	
Address Line 2:	PATENT PROCUREMENT	
Address Line 4:	SEATTLE, WASHINGTON 98111-1247	
ATTORNEY DOCKET NUMBER:	089295-8002.US02	
NAME OF SUBMITTER:	LAURYN CISOWSKI	
SIGNATURE:	/Lauryn Cisowski/	
DATE SIGNED:	06/15/2022	
Total Attachments: 3		
source=Change of Name 089295-8002.US02#page1.tif		
source=Change of Name 089295-8002.US02#page2.tif		
source=Change of Name 089295-8002.US02#page3.tif		



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
Date and Time: 06/09/2020 11:47 AM
ID Number: 20101403620
Document number: 20201506042
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>20101403620</u> (Colorado Secretary of State ID number)		
Entity name	<u>Mobile Technology, LLC</u>		
Form of entity	<u>Limited Liability Company</u>		
Jurisdiction	<u>Colorado</u>		
Principal office street address	<u>7193 S Poplar St</u> (Street number and name)		
	<u>Centennial</u> (City)	<u>CO</u> (State)	<u>80112</u> (ZIP/Postal Code)
	<u></u> (Province – if applicable)	<u>United States</u> (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)	<u></u> (State)	<u></u> (ZIP/Postal Code)
	<u></u> (Province – if applicable)	<u></u> (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>Mobile Technology Corporation</u>		
Form of entity	<u>Foreign Corporation</u>		
Jurisdiction	<u>Delaware</u>		
Street address	<u>7193 S Poplar St</u> (Street number and name)		
	<u>Centennial</u> (City)	<u>CO</u> (State)	<u>80112</u> (ZIP/Postal Code)
	<u></u> (Province – if applicable)	<u></u> (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>Knudson</u>	<u>Caitlyn</u>		
(Last)	(First)	(Middle)	(Suffix)
<u>Koenig, Oelsner, Taylor, Schoenfeld</u>			
(Street number and name or Post Office Box information)			
<u>999 18th Street, Suite 1740</u>			
<u>Denver</u>	<u>CO</u>	<u>80202</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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