# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT7485913

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

### **CONVEYING PARTY DATA**

Name	Execution Date
ACANTHA MEDICAL, INC	06/15/2017

### **RECEIVING PARTY DATA**

Name:	ACANTHA MEDICAL, LLC
Street Address:	33 8TH STREET
City:	SAN FRANCISCO
State/Country:	CALIFORNIA
Postal Code:	94103

### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	17819780

### **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:** 2814602315

Email: adeaver@md-iplaw.com
Correspondent Name: ALBERT B DEAVER JR
Address Line 1: 550 WESTCOTT ST.

Address Line 2: SUITE 375

Address Line 4: HOUSTON, TEXAS 77007

ATTORNEY DOCKET NUMBER:	1721.002US01
NAME OF SUBMITTER:	ALBERT B DEAVER JR
SIGNATURE:	/Al Deaver/
DATE SIGNED:	08/15/2022

**Total Attachments: 2** 

source=NameChange#page1.tif source=NameChange#page2.tif

PATENT 507439001 REEL: 061177 FRAME: 0082

State of Delaware Secretary of State Division of Corporations Delivered 10:32 AM 06/22/2017 FILED 10:32 AM 06/22/2017 SR 20174888739 - File Number 6293488

# STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A CORPORATION TO A LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY ACT

1.)	The jurisdiction where the Corporation first formed is <u>Delaware</u>
2.)	The jurisdiction immediately prior to filing this Certificate isDelaware
3.)	The date the corporation first formed is
4.)	The name of the Corporation immediately prior to filing this Certificate is Acantha Medical, Inc.
5.)	The name of the Limited Liability Company as set forth in the Certificate of Formation is Acantha Medical, LLC
IN	WITNESS WHEREOF, the undersigned have executed this Certificate on the 15th day of June, A.D. 2017
	By: Authorized Person
	Name: Andres Ornelas Vargas

PATENT REEL: 061177 FRAME: 0083

Print or Type

## STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

Second: The address of	f its registered office in reet in the	the State o	f Delaware is	***************************************
Zip Code 19801	1			
	stered agent at such add		ne Corporation	Trust
Company	A SAME A SAME SAME SAME SAME SAME SAME S			
Chird: (Insert any othe	r matters the members c	letermine t	o include herein	.)
DESCRIPTION MATERIAL PROPERTY AND	# # # # # # # # # # # # # # # # # # #			
Witness Whereof, th	e undersigned have execute , 2017	cuted this (	Certificate of Fo	rmation th
	$R_{\mathbf{V}}$	A	rized Person(s)	
	٠, ٢	Autho	rized Person(s)	

Name: Andres Ornelas Vargas
Typed or Printed

State of Delaware Secretary of State Division of Corporations Delivered 10:32 AM 06/22/2017 FILED 10:32 AM 06/22/2017 SR 20174888739 - File Number 6293488

**RECORDED: 08/15/2022** 

PATENT REEL: 061177 FRAME: 0084