

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7486276

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
INFECTIOUS DISEASE RESEARCH INSTITUTE	03/08/2022
RECEIVING PARTY DATA	
Name:	ACCESS TO ADVANCED HEALTH INSTITUTE
Street Address:	1616 EASTLAKE AVE E STE 400
City:	SEATTLE
State/Country:	WASHINGTON
Postal Code:	98102
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14377488
CORRESPONDENCE DATA	
Fax Number:	
<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>	
Email:	docketing@newportip.com
Correspondent Name:	NEWPORT IP, LLC
Address Line 1:	1400 112TH AVE SE, SUITE 100
Address Line 4:	BELLEVUE, WASHINGTON 98004
ATTORNEY DOCKET NUMBER:	03.US.00
NAME OF SUBMITTER:	NOEMI TOVAR
SIGNATURE:	/Noemi Tovar/
DATE SIGNED:	08/15/2022
Total Attachments: 6	
source=03-US-00-IDRI-to-AAHI-NameChange-as-filed-8-15-22#page1.tif	
source=03-US-00-IDRI-to-AAHI-NameChange-as-filed-8-15-22#page2.tif	
source=03-US-00-IDRI-to-AAHI-NameChange-as-filed-8-15-22#page3.tif	
source=03-US-00-IDRI-to-AAHI-NameChange-as-filed-8-15-22#page4.tif	
source=03-US-00-IDRI-to-AAHI-NameChange-as-filed-8-15-22#page5.tif	
source=03-US-00-IDRI-to-AAHI-NameChange-as-filed-8-15-22#page6.tif	

FILED

Secretary of State

State of Washington

Date Filed: 03/08/2022

Effective Date: 03/08/2022

UBI No: 601 487 412



WASHINGTON
Secretary of State
Corporations & Charities Division

Contact Information
Tel: 360.725.8377
www.sos.wa.gov/corps

Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

This Box For Office Use Only

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ARTICLES OF AMENDMENT
Washington Nonprofit Corporation
RCW 24.03A

All fields **REQUIRED** unless otherwise specified

(1) UBI No.: 601487412

(2) **NAME OF NONPROFIT CORPORATION:** (as currently recorded with the Office of the Secretary of State)

Infectious Disease Research Institute

(3) **BUSINESS TYPE:**

Are you changing your business type? (Check one) ☐ Yes ☒ No If Yes, select the change being made:

☐ WA NONPROFIT PROFESSIONAL SERVICE CORPORATION If selected, see instructions for additional requirements

(4) **BUSINESS NAME CHANGE:** Are you changing your business name? (Check one) ☒ Yes ☐ No

New Name: Access to Advanced Health Institute

Does the business have a name reserved? (Check one) ☒ Yes ☐ No If Yes, provide the Name Reservation Number

Reservation Number: 1533382

(5) **CHARITABLE NONPROFIT CORPORATION:**

Is the Nonprofit Corporation a Charitable Nonprofit as defined by RCW 24.03A.010(5)? (Check one) ☒ YES ☐ NO

(6) **MEMBERS:** RCW 24.03A.010(45)

Does the Nonprofit Corporation have members? (Check one) ☐ YES ☒ NO

(7) **MEMBER NAME(S):** (optional) attach additional pages if necessary. If names are provided section (6) will be considered as "yes"

Name: _____ Name: _____

Name: _____ Name: _____

(8) **PURPOSE OF NONPROFIT CORPORATION:** Required only if changed attach additional pages if necessary

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

NEW REGISTERED AGENT:**COMMERCIAL REGISTERED AGENT: RCW 23.95.420**

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 business. The Commercial Registered Agent's 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: _____

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

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

A Non-Commercial Registered Agent is an individual, business, or an office or position that is not registered as a Commercial Registered Agent.

- If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- If a **business** is serving as the Registered Agent, only provide the name of the business below.
- If an **office or position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: _____

Phone: _____	Email: _____
Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ Zip: _____ City: _____	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address : _____ 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.

Signature of Registered Agent

Printed Name/Title

Date

(10) PUBLIC BENEFIT DESIGNATION: RCW 24.03A.245/250 *Required only if changed*

1. Is the Nonprofit Corporation currently designated as a Public Benefit Corporation with the Office of the Secretary of State? (Check one) ☐ YES ☐ NO

2. If "yes", does the Nonprofit Corporation still meet the requirements to maintain its Public Benefit designation? (Check one) ☐ YES ☐ NO *If "no" is selected the Nonprofit will not maintain the designation of a Public Benefit Corporation*

2a. If "yes", does the Nonprofit Corporation still elect to have the Public Benefit Designation?

(Check one) ☐ YES ☐ NO

(11) HOST HOME REGISTRATION: RCW 74.15.315 *Required only if changed*

Is the Nonprofit Corporation currently registered as a Host Home with the Office of the Secretary of State?

(Check one) ☐ YES ☐ NO

If "yes", does the Nonprofit Corporation elect to maintain its Host Home registration per RCW 74.15.020(2)(a)?

(Check one) ☐ YES ☐ NO *If "no" is selected the Nonprofit will not maintain the designation of a Host Home*

(12) INITIAL BOARD OF DIRECTORS: (optional) attach additional pages if necessary.

Does the Nonprofit Corporation elect to remove any of the Initial Board of Directors? (Check one) ☐ YES ☐ NO

If Yes, list the names of the Initial Board of Directors the Nonprofit Corporation is electing to remove. At least one initial director is required.

Name: _____ Name: _____

(13) INCORPORATOR INFORMATION: (optional) attach additional pages if necessary.

Does the Nonprofit Corporation elect to remove any of the recorded Incorporators? (Check one) ☐ YES ☐ NO

If Yes, list the names of the Incorporators the Nonprofit Corporation is electing to remove.

Name: _____ Name: _____

(14) DURATION: Required only if changed 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 _____

(15) ADOPTION OF ARTICLES OF AMENDMENT: Articles of Amendment were adopted by: (Check one)

☒ The Articles of Amendment were duly adopted by the board of directors; member approval was not required.

☐ The Articles of Amendment were duly adopted and approved by the members in the manner required by the Nonprofit Corporation's articles and bylaws, and by RCW 24.03A.665.

(16) DATE OF ADOPTION:

The date that the Articles of Amendment were adopted was: 03/02/2022

(17) DISTRIBUTION OF ASSETS: *Required only if changed***(18) GOVERNOR(S):** *Required only if changed*List at least one. Attach additional pages if necessary. **NOTE: A business cannot serve as its own Governor.**

Name: Please see attached additional page.

Name:

Name:

Name:

Name:

Name:

(19) EFFECTIVE DATE OF THIS FILING: Check ONE of the following☒ Date of filing ☐ Specify a Date _____ (cannot be more than 90 days following received date)**(20) 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 to: General Counsel

Email: legal@aahi.org

Address: 1616 Eastlake Avenue E., Suite 400

City: Seattle

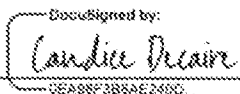
State: WA

Zip: 98102

(21) 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**(22) AUTHORIZED PERSON:**

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

DocuSigned by:



Candice Decaire/General Counsel

03/08/2022

Signature of Authorized Person

Printed Name/Title

Date

ATTACHMENT TO ARTICLES OF AMENDMENT

Washington Nonprofit Corporation

Section 18: Governor(s)

Patrick Soon-Shiong, MD

Corey Casper, MD, MPH

Glenda Gray, MD

Raoul Concepcion, MD

Edward Hsu, MBA, MPA

David Kerr, MD

Edward Mocarski, PhD

Darren Klemkow

Corey Casper, MD, MPH

Jerry Kuo

Candice Decaire



WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations and Charities Division

Physical/Overnight address:

801 Capitol Way S
Olympia, WA 98501-1226

Mailing address:

PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377

sos.wa.gov/corps

03/08/2022

ACCESS TO ADVANCED HEALTH INSTITUTE
GENERAL COUNCIL
1616 EASTLAKE AVE E STE 400
SEATTLE WA 98102-3797

UBI Number: 601 487 412

Business Name: ACCESS TO ADVANCED HEALTH INSTITUTE

Dear GENERAL COUNCIL,

Thank you for your recent submission. This letter is to confirm that the following documents have been received and successfully filed:

ARTICLES OF AMENDMENT

You can view and download your filed document(s) for no charge at our website, www.sos.wa.gov/ccfs

If you haven't already, please sign up for a user account on our website, www.sos.wa.gov/ccfs to file online, conduct searches, and receive status updates.

Please contact our office at corps@sos.wa.gov or (360) 725-0377 if you have any questions.

Sincerely,

Corporations and Charities Division
Office of the Secretary of State
www.sos.wa.gov/corps