

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT7557913

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
TERVES INC.	06/06/2017
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	TERVES, LLC
<b>Street Address:</b>	24112 ROCKWELL DRIVE
<b>City:</b>	EUCLID
<b>State/Country:</b>	OHIO
<b>Postal Code:</b>	44117
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	17477059
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	
<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>	
<b>Phone:</b>	2165837816
<b>Email:</b>	ipdocketing@ulmer.com
<b>Correspondent Name:</b>	ULMER & BERNE LLP, BRIAN E TURUNG
<b>Address Line 1:</b>	1660 WEST 2ND STREET
<b>Address Line 2:</b>	SKYLIGHT OFFICE TOWER, SUITE 1100
<b>Address Line 4:</b>	CLEVELAND, OHIO 44113
<b>ATTORNEY DOCKET NUMBER:</b>	36136-0234
<b>NAME OF SUBMITTER:</b>	BRIAN E TURUNG
<b>SIGNATURE:</b>	/Brian E Turung/
<b>DATE SIGNED:</b>	09/26/2022
<b>Total Attachments: 8</b>	
source=36136-0234_NameChange#page1.tif	
source=36136-0234_NameChange#page2.tif	
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DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
06/07/2017	201715800774	Conversion Within SOS Records (CVS)	99.00	0.00	200.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

THOMPSON HINE LLP  
 ATTN:CAROL R. RUSSELL  
 41 S. HIGH STREET; #1700  
 COLUMBUS, OH 43215

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**2258762**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**TERVES, LLC**

and, that said business records show the filing and recording of:

Document(s)

**Conversion Within SOS Records**

Effective Date: 06/06/2017

Document No(s):

**201715800774**

CHANGE BUSINESS TYPE FOR. PROFIT LIM. LIAB. CO.



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of the  
 Secretary of State at Columbus, Ohio this  
 7th day of June, A.D. 2017.

*Jon Husted*  
 Ohio Secretary of State



Form 700 Prescribed by:  
**JON HUSTED**  
 OHIO SECRETARY OF STATE  
 Toll Free: (877) SOS-FILE (877-767-3453)  
 Central Ohio: (614) 466-3910  
 www.OhioSecretaryofState.gov  
 buserv@OhioSecretaryofState.gov  
 File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:  
 Regular Filing (non expedite)  
 P.O. Box 1329  
 Columbus, OH 43216  
 Expedite Filing (Two business day processing time.  
 Requires an additional \$100.00)  
 P.O. Box 1360  
 Columbus, OH 43216

**Certificate for Conversion for Entities Converting  
 Within or Off the Records of the Ohio Secretary of State**  
 Filing Fee: \$99  
 Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> <b>Converting <u>Within</u> The Records of the Ohio Secretary of State</b>	(2) <input type="checkbox"/> <b>Converting <u>Off</u> The Records of the Ohio Secretary of State</b> (187-VXX)
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Name of the converting entity	Terves Inc.
Jurisdiction of Formation	Nevada
Charter/Registration Number	2258762

The converting entity is a:  
 (Check Only (1) One Box)

<input type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

RECEIVED  
 2017 JUN -6 PM 4:44  
 CLIENT SERVICE CENTER

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
(Check Only (1) One Box)

<input type="checkbox"/> Domestic Corporation (For-Profit)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input checked="" type="checkbox"/> Foreign For-Profit Limited Liability Company	

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

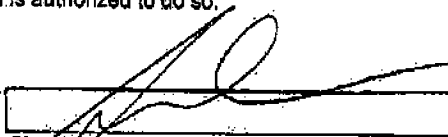
City State Zip Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

**Required**  
Must be signed by an  
authorized representative.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
By (if applicable)

Andrew Sherman  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
By (if applicable)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
By (if applicable)

\_\_\_\_\_  
Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

Terves Inc.

Name of Corporation

The undersigned, being first duty sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215		Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	June 5, 2017
*Only required for domestic for-profit corporations		Overnight: P.O. Box 182413 Columbus, OH 43218-2413	Regular: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	June 5, 2017	The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
*Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]			

\*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature  Title **President**

Andrew Sherman

Name

24112 Rockwell Drive, Suite C

Mailing Address

Euclid

City

OH

State

44117

Zip Code

Sworn to and subscribed in my presence on **6/6/17**  
Date

Seal



MICHAEL KANE  
Notary Public, State of Ohio  
My Commission Expires  
December 28, 2018

Commission Expires **12/28/18**  
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of   
Name of Corporation

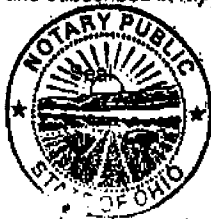
and that this affidavit is made in compliance with Section  of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Signature:  Title:

Sworn to and subscribed in my presence on Date



MICHAEL KANETSKY  
Notary Public, State of Ohio  
My Commission Expires  
December 28, 2018

Notary Public

Expiration date of Notary Public's Commission Date





Form 533B Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-787-3463)  
Central Ohio: (614) 466-3910

[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busseerv@OhioSecretaryofState.gov](mailto:busseerv@OhioSecretaryofState.gov)

File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216

Expedite Filing (two business day processing time)  
Requires an additional \$100.00  
P.O. Box 1390  
Columbus, OH 43216

## Registration of a Foreign Limited Liability Company

**Filing Fee: \$99**

**Form Must Be Typed**

CHECK ONLY ONE (1) BOX

(1)  Registration of a Foreign For-Profit Limited Liability Company  
(106-LFA)  
ORC 1705

Jurisdiction of Formation

Date of Formation

(2)  Registration of a Foreign Nonprofit Limited Liability Company  
(106-LFA)  
ORC 1705

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "ltd"

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City State ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Business Filings Incorporated

Name

4400 Easton Commons Way, Suite 125

Mailing Address

Columbus

City

Ohio

State

43219

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed; or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

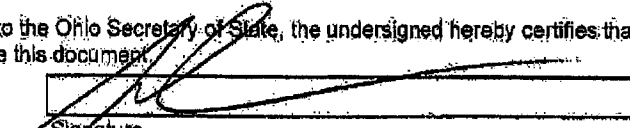
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



Signature

By (if applicable)

Andrew Sherman

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name